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**“AN UNHOLY ALLIANCE THEN: COWARDLY
POLITICIANS, PATERNALISTIC DOCTORS
AND CLERGY WITH OUTDATED, ANTI-
HUMAN DOGMAS”**

**A Discourse Analysis of the Assisted Dying Debate in
the Australian Press**

TIIVISTELMÄ

Kristian Latvala: "An unholy alliance then: cowardly politicians, paternalistic doctors and clergy with outdated, anti-human dogmas" – A Discourse Analysis of the Assisted Dying Debate in the Australian Press

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Tässä työssä tutkitaan australialaislehdistössä käytyä keskustelua avustetusta itsemurhasta/kuolemasta (*assisted dying*) ja eutanasiasta (*euthanasia*). Keskustelu avustetusta itsemurhasta on ollut vilkasta 2000-luvulla, jolloin lainsäädäntöä on useaan otteeseen yritetty muuttaa eri puolilla Australiaa avustetun kuoleman sallimiseksi. Marraskuussa 2017 Victorian osavaltio teki historiaa laillistaessaan avustetun itsemurhan ensimmäisenä osavaltiona, joten tutkimusaihe on myös siitä syystä hyvin ajankohtainen ja merkityksellinen. Tutkimuksessa selvitetään, miten avustettua kuolemaa käsittelevä diskurssi rakentuu, mitä yksittäisiä diskursseja on tunnistettavissa eutanasiakeskustelussa ja miten keskeiset toimijat esitetään australialaisissa sanomalehdissä.

Tutkimusaineistona on 1,1 miljoonan sanan laajuinen korpus, joka rakentuu 19 lukijamäärältään suurimman australialaisen sanomalehden teksteistä. Kyseessä on korpusperustainen kriittinen diskurssitutkimus, joten analyysimenetelmä on osittain kvantitatiivinen, osittain kvalitatiivinen. Korpuksen avainsanat, niiden ympärille rakentuvat klusterit sekä avainsanojen ja klustereiden tärkeimmät kollokaatit määritettiin *WordSmith Tools 7.0* -korpustyökalun avulla. Avainsanoja, kollokaatteja ja niiden kontekstiä tarkastelemalla määriteltiin avustettua itsemurhaa käsittelevän keskustelun keskeiset piirteet ja diskurssit. Systeemis-funktionaalista kieliteoriaa soveltaen tutkittiin, mihin prosesseihin eutanasiakeskustelun keskeiset toimijat (lääkärit ja tohtori Philip Nitschke) osallistuvat ja mitä osallistujarooleja heille annetaan. Eutanasiakeskustelusta on niukasti kielitieteellistä tutkimusta, korpusperustaista kriittistä diskurssitutkimusta ei lainkaan, joten tässä tutkielmassa otetaan ensimmäinen askel kyseisen tutkimuksellisen aukon täyttämiseksi.

Tutkimuksesta käy ilmi, että avustettua itsemurhaa käsittelevässä keskustelussa palliatiivinen hoito näyttäytyy puutteellisenä: rahoitusta ei ole tarpeeksi, ja palliatiivista hoitoa olisi muutenkin parannettava. Eutanasian kannattajat tosin ovat sitä mieltä, ettei mikään palliatiivinen hoito pysty lievittämään kaikkien potilaiden kipua riittävästi. Tutkimus osoittaa, että eutanasiakeskustelua käydään erityisesti yksilön näkökulmasta. Usein viitataan esimerkiksi yksilön valinnanmahdollisuuksiin kuoleman lähestyessä, missä yhteydessä avustetun itsemurhan kannattajat luonnollisesti argumentoivat sen puolesta, että potilaan pitäisi saada valita avustettu kuolema. Taakan käsite (*burden*) on tärkeä osa eutanasiakeskustelua: huomio keskittyy tällöin kuolevien potilaiden henkilökohtaiseen kokemukseen itsestään taakkana. Avustettua itsemurhaa kannattavat kritisoivat uskonnon osuutta eutanasiakeskustelussa: eutanasiaa vastustavien uskonnollinen vakaumus nähdään yhtenä esteenä eutanasian laillistamiselle Australiassa.

Avustettua itsemurhaa käsittelevässä keskustelussa on tunnistettavissa arvokkuuden diskurssi, jota kannattajat käyttävät luodakseen kuvan avustetusta kuolemasta arvokkaana elämän päätepisteenä. Toinen tyyppilinen diskurssi on henkilökohtaisen autonomian diskurssi, jonka kautta kuolema esitetään itsenäisen päätöksenteon tuloksena. Eutanasian vastustajat kuvaavat eutanasiaa toisinaan armoon perustuvana tappamisena, toisinaan valtion suorittamana tappamisena (armotappamisen diskurssi ja valtion harjoittaman tappamisen diskurssi). Tutkimuksen mukaan avustettua kuolemaa vastustavat antavat lääkäreille usein esimerkiksi Toimija-roolin materiaalsen tappaa-prosessin yhteydessä ja siten luovat kuvaa avustettuun itsemurhaan osallistuvista lääkäreistä tappajina. Avustetun kuoleman kannattajiin kuuluvan Philip Nitschken puolestaan todettiin esiintyvän esimerkiksi Kohteena sellaisissa materiaalisissa prosesseissa kuin *tutkia* ja *erottaa määrääjäksi*. Mediassa Nitschkestä piiryykin kuva epäilyttävänä henkilönä, jonka toimet ovat kiinnittäneet viranomaisten huomion. Kaiken kaikkiaan tutkimus tuotti yleisellä tasolla tietoa avustettua kuolemaa käsittelevän keskustelun keskeisistä piirteistä, puheenaiheista ja diskursseista sekä tarjosi arvokkaan katsauksen australialaiseen yhteiskuntaan. Eutanasiakeskustelussa nostettiin esille muun muassa Australian territorioden eriarvoinen asema osavaltioihin verrattuna.

Avainsanat: avustettu itsemurha, eutanasia, lehdistö, kriittinen diskurssianalyysi, korpuslingvistiikka, systeemis-funktionaalinen kieliteoria

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1. Introduction

This MA thesis is concerned with the question of how assisted dying is portrayed in the Australian press. Assisted dying is a highly contentious issue, and views on it are accordingly polarized. Australia provides an excellent context to study the assisted dying debate for several reasons. To begin with, there have been numerous attempts to legalize assisted dying across Australia in the 21st century, so the debate on assisted dying has been lively there for quite some time. Secondly, one of Australia's territories, the Northern Territory, was a trailblazer on the issue of assisted dying and became the world's first jurisdiction to permit assisted death in 1995 (Otter 2017: 7), though the success of the advocates of assisted dying proved short-lived: as a territory, the Northern Territory was subject to legislation passed by the Federal Parliament, and the Federal Parliament decided to overturn the Northern Territory's law on assisted dying (Rights of the Terminally Ill Act 1995) in 1997 and banned the self-governing territories from legislating on assisted dying (Parliamentary Education Office 2018). Lastly, and perhaps most importantly, the state of Victoria passed the Voluntary Assisted Dying Bill in 2017, becoming the first Australian state to allow assisted dying (see e.g. Edwards 2017). The bill involved an 18-month implementation period, after which the voluntary assisted dying law came into effect, on 19 June 2019.

The study draws upon both corpus linguistics and critical discourse analysis (CDA) and is thus informed by two principles: first, that it makes sense to analyse a vast number of texts using corpus analysis tools, because in that way information can be obtained reliably about views circulating in society at large, and second, that the corpus linguistic data need to be interpreted by a human analyst who utilizes CDA tools – in this study, especially systemic functional linguistics (SFL) – to carry out a more in-depth analysis of the relevant aspects of the corpus. Overall, the study may be described as a corpus-based critical discourse analysis in which corpus methods provide the starting point for analysing the textual data, but where close reading and CDA tools have a substantial role to play.

The value of this study can be seen as threefold. There is no previous research on assisted dying which utilizes a combination of corpus linguistic and CDA methods, and as such, the study is a unique contribution to the field of corpus-based critical discourse studies. It will, further, give an overview of the assisted dying debate in Australia, thereby providing important information on Australian society as a whole. In addressing a social issue not studied from the perspective of corpus-based CDA before, the study will also give fresh impetus to research into assisted dying outside Australia, which is important given that the issue is being hotly debated the world over.

The purpose of the study is to shed light on the representation of assisted dying across a wide range of Australian newspapers. The research questions informing the study are as follows:

1. *How is assisted dying discursively constructed in the Australian press?*
2. *What discourses surround the topic of assisted dying?*
3. *How are prominent social actors portrayed in the assisted dying debate?*

As far as the first research question is concerned, the objective is to identify the core features of the assisted dying debate in the Australian press by examining what words are key in the corpus and how the keywords are used in the assisted dying debate. The objective connected with the second research question, in turn, is to uncover linguistic traces pointing to specific discourses in the euthanasia debate. Finally, the third research question concerns the participant roles of prominent social actors and the processes associated with them in the assisted dying debate.

The thesis is composed of the following parts: Section 2 provides background information on the concept of assisted dying, on different discourses of death, and on assisted dying in the state of Victoria. Section 3 introduces the theoretical background of the study. Previous research related to the research methodology and topic at hand is also discussed in that section. The compilation of the corpus and the methods of analysis are explained in Section 4. Section 5 is concerned with the analysis of the data, and the results are discussed in Section 6. Section 7 provides a conclusion to the work. The bibliography and appendices can be found at the end of the thesis.

2. Background

To provide more context to this study, the term *assisted dying* and some other related terms are discussed and death described as a discursive phenomenon in Section 2.1. After that, in Section 2.2, a brief discussion follows of the voluntary assisted dying laws in the Australian state of Victoria.

2.1 Assisted Dying as a Concept and Discourses of Death

A distinction can be made between the terms *euthanasia* and *assisted suicide* or *assisted dying*. The term *euthanasia* is used to refer to “the act of deliberately ending the life of a patient for the purpose of ending intolerable pain and/or suffering” (Australian Medical Association 2016: 1), while the term *assisted suicide* can be defined as the death of a person who has been “provided by another with the knowledge or means to kill him- or herself” (McGee et al. 2018: 1372). Euthanasia may be described as *voluntary*, meaning that the patient has expressed the wish to be euthanized; as *non-voluntary*, that is to say, the patient euthanized is unable to give his or her consent; or as *involuntary*, which means that euthanasia takes place despite the patient not wishing to die or not having expressed an opinion on the matter (McGee et al. 2018: 1371). The term *assisted suicide* may be rejected on the grounds that assisted dying laws as enacted in the Australian state of Victoria, for example, are designed to help patients who will inevitably die due to a terminal condition, whereas suicide deaths are not inevitable and (typically) not motivated by a terminal condition (Owler et al. 2017: 8). To make clear that the circumstances under which a terminally ill person chooses assisted death are different from those surrounding a suicide death, and to avoid “the significant social stigma attached to the term ‘suicide’”, the term (*voluntary*) *assisted dying* can be employed, with the word *voluntary* included in the name of the Victorian legislation to emphasize that the decision to request assisted death is “initiated by a person who is suffering and who takes responsibility for the decision” (Owler et al. 2017: 8; see also Voluntary Assisted Dying Act 2017).

Death has been discursively constructed in different ways in different times. In modernity, from the late 18th century onwards, death was seen as “impersonal”, as “a technical matter, bereft of [its] existential and personal significance” (Carpentier and Van Brussel 2012: 106). Carpentier and Van Brussel (2012: 106) label this discourse of death as “the medical-rationalist discourse”. Dying patients were not told the truth about their prognosis; only the families and the medical staff were aware of the severity of the situation (Connor 2009: 3). This discourse, which has its origins in the modern period, represents death as something that occurs suddenly and quietly, without the person foreseeing it (Walters 2004: 405). In late modernity, from the late 1950s, however, a new way of thinking about death emerged, and it may be called “the medical-revivalist death discourse” (Carpentier and Van Brussel 2012: 107). This discourse construes death as “something that should be talked about without embarrassment” (Van Brussel 2014: 18) and as a process controlled by the dying patient him- or herself (2014: 20). Within the discourse, it is considered crucial that dying patients are not kept in the dark about their medical conditions (Walter 1994: 31). The medical-revivalist discourse has two main variants, the palliative care (or hospice) discourse and the right-to-die discourse, which both have *autonomy* as one of their key concepts. These two discourses, however, portray dying differently in terms of autonomy, with the palliative care discourse emphasizing the patient’s autonomy in deciding the manner and place of death and the right-to-die discourse foregrounding the patient’s right to choose the timing of death. (Van Brussel and Carpentier 2017: 381) The right-to-die discourse will be discussed in more detail in Section 3.4, based on recent research.

2.2 Assisted Dying in Victoria

Over the past two decades or so, a substantial number of attempts to reform assisted dying or euthanasia legislation have been made at the commonwealth, territory, and state level in Australia (Otter 2017: 7-9). The latest attempt at the commonwealth level was the Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015, which was voted down in the Australian Senate in August 2018 (White and Willmott 2019). The bill would have revoked the ban on the territories passing laws

on assisted dying, mentioned in the Introduction. In the state of Victoria, the first attempt to make assisted dying legal took place in 2008, when the Medical Treatment (Physician Assisted Dying) Bill 2008 was rejected by the Legislative Council (Otter 2017: 7). The second attempt was successful, leading to the legalization of assisted dying in Victoria on 21 November 2017. The Victorian assisted dying legislation (Voluntary Assisted Dying Act 2017) will be discussed briefly below.

To be eligible for assisted death under Victorian law, applicants need to meet the following criteria, among others: they must be Victorian residents, at least 18 years of age, be suffering from an incurable illness which they consider to cause intolerable suffering, and have an expected life expectancy of no more than six months or, with neurodegenerative conditions, of no more than 12 months (Voluntary Assisted Dying Act 2017: 15-6). Two physicians are involved in the application process. The patient makes the first request for assisted death to a doctor who becomes the patient's coordinating medical practitioner, with the main responsibility in the process. A second physician, called a consulting medical practitioner in the scheme, also assesses the case and must agree with the coordinating medical practitioner on the patient's eligibility for assisted death. (Beardsley, Brown, and Sandroussi 2018: 957) A final request is made to the first physician, (normally) at the earliest nine days after the first request (Voluntary Assisted Dying Act 2017: 35). Physicians have the right to conscientiously object to taking part in assisted dying (Beardsley, Brown, and Sandroussi 2018: 957). The Victorian legislation allows for the lethal medication to be administered by the patient or, if the self-administration is not possible, by the coordinating medical practitioner (Voluntary Assisted Dying Act 2017: 40). In the Victorian legislation, the term (*voluntary*) *assisted dying* thus covers not only cases where the lethal substance is taken by the patient, but also cases where the lethal substance is administered by a doctor and which, as Owler et al. (2017: 8) acknowledge, technically count as euthanasia. The terms *assisted dying* and *euthanasia* are therefore used interchangeably in this study, in the sense 'assisted dying which occurs as the result of a patient's own or their doctor's action'.

3. Theoretical Framework

This section introduces the theoretical background of the study. The study makes use of corpus linguistics and critical discourse analysis, and they are both discussed in their own sub-sections. Corpus linguistics is introduced first. Section 3.1 begins with a brief description of corpus linguistics and then moves on to explore the phenomenon of collocation (3.1.1) and the concepts of semantic preference and discourse prosody (3.1.2), both of which are frequently drawn on by discourse analysts. Section 3.2, in turn, provides an overview of critical discourse analysis. After that, Section 3.3 introduces the core concepts of systemic functional linguistics, *processes* and *participant roles*. Finally, Section 3.4 is concerned with previous research related to the research methodology and topic of this study.

3.1 Corpus Linguistics

Corpus linguistics relies on the existence of corpora, which are collections of authentic texts, nowadays mostly in electronic form, which can be analysed using corpus software. Corpus linguists are often interested in identifying various patterns of language use, such as collocations, which can be described as recurring co-occurrences of words. Corpus analysis is based upon empiricism (McEnery and Hardie 2013: 730), which means that regularities in language use are identified on the basis of empirical evidence. Patterns of language use are uncovered using corpus tools, not least because such regularities may well be undetectable to “the naked eye” (Flowerdew 2013: 161). A second reason for resorting to corpus software is that native-speaker intuition in general or linguist introspection in particular is notoriously unreliable. An oft-cited example of the unreliability of linguist introspection is an interview with Chomsky, a prominent critic of corpus linguistics, where he states that the verb *perform* cannot take a mass noun as object – a claim not borne out by corpus data, as “perform magic”, for instance, is found in English (McEnery and Wilson 2001: 11).

3.1.1 Collocation

The concept of collocation is strongly associated with the name of J. R. Firth – a British linguist whose theory of collocation laid the foundation for a corpus linguistics approach now known as neo-Firthian corpus linguistics. Neo-Firthian corpus linguistics was developed into its modern form especially by John Sinclair; other notable corpus linguists working with the neo-Firthian approach include Michael Stubbs, Susan Hunston, and Michael Hoey. (McEnery and Hardie 2012: 122) Firth famously wrote in reference to collocation that “[y]ou shall know a word by the company it keeps” (Firth 1957: 179, quoted in Evert 2009: 1213). For him, collocations were “characteristic and frequently recurrent word combinations”, but it must be observed that his concept of collocation as a whole was regrettably “vague” (Evert 2009: 1212-3). The term *collocation* has been, and still is, used in various ways. Firth himself relied exclusively on intuition in giving examples of collocations, whereas modern corpus linguistics uses primarily corpus data to this end (McEnery and Hardie 2012: 123). In addition to this intuition-based collocation / corpus data-based collocation dichotomy, a distinction can be made based on whether the lexical items forming a collocation have to appear adjacently, as a sequence. Some corpus linguists define collocation as a sequence of words which occurs more or less frequently in a corpus, but such word sequences are more often called *n-grams* or *clusters*. (McEnery and Hardie 2012: 123) In this study, as in much of the corpus linguistic research, collocation is understood as lexical items which have a tendency to co-occur but need not form a sequence. To give an example, the noun *injury* collocates with the verb *sustain*, among others. It should be noted that a collocation may actually be composed of more than two words: for example, *New York* frequently collocates with *City*, forming *New York City*, and *carry ... baggage* often has *emotional*, *ideological*, or *historical* as the middle word (Evert 2009: 1244).

Collocations derived from corpus data can be identified manually or by statistical testing. The manual “collocation-via-concordance” method involves identifying lexical patterns by eye, through analysis of the concordance lines of a specific node (which may take the form of counting frequencies

of collocations) (McEnery and Hardie 2012: 126). Those utilizing the “collocation-via-significance” method, in turn, use statistical significance tests – also known as *association measures* (see below) in collocation research – to ensure that the collocates identified are not due to chance but are corroborated by statistical evidence (McEnery and Hardie 2012: 127). When statistical testing is used to calculate the collocates of a specific node, it is necessary to determine the span to be used, i.e. how many words to the left and right of the node are analysed in determining the collocates. Sinclair (1991, quoted in Szudarski 2018: 77) has recommended using a span of 4L/4R, i.e. four words to the left (4L) and right (4R) of the search term; it should, however, be pointed out that a span of 5L/5R – which is also the default span of the *WordSmith* corpus tool used in this study – has been employed in a wide variety of corpus-based discourse studies (e.g. Baker and Levon 2016; Jaworska and Krishnamurthy 2012; Levon, Milani, and Kitis 2017). The span used and many other decisions which analysts have to make when conducting collocation research – including what the minimum joint frequency of the lexical items forming a collocation should be – determine what collocates the corpus tool identifies as the strongest, for example among the top 10 collocates.

The most important decision, however, concerns the choice of an appropriate association measure. There are a vast range of different association measures to choose from, including MI (Mutual Information), MI3 (a cubed variant of Mutual Information), Dice coefficient (often simply called Dice), T-score, Z-score, and Delta P(robability) (or ΔP for short). Of these, MI, MI3, Dice, and Delta P are described as effect-size measures, whereas T-score and Z-score belong to the group of significance measures (Evert 2009: 1228, 1234). Effect-size measures can be said “to quantify how strongly the words in a pair are attracted to each other” (Evert 2009: 1234), i.e. they show the strength of the relationship between two words. Significance measures, by contrast, reflect the amount of evidence for two lexical items being connected with each other (Evert 2009: 1228). Delta P differs from the other above-mentioned measures in that it is a directional measure, taking the direction of the collocation into account and thus assigning separate scores to the collocations *Word A* (node) +

Word B and *Word B* (node) + *Word A* (Brezina 2018: 70-1). To give an example using the collocation *of course*, *course* pulls *of* far more strongly towards itself than *of* does *course*, meaning that it is much more likely for *course* to be preceded by *of* than for *of* to be followed by *course* (Gries 2013: 144). If the aim of the study is to explore the directionality of collocations, it must be noted that this is not possible with the other association measures, as they are non-directional measures. Overall, it must be emphasized that “[t]here is no one measure which would suit all purposes and research questions” (Brezina 2018: 67). Effect-size measures, for example, have been criticized for assigning too high scores to low-frequency collocations, significance measures for the exact opposite, for favouring high-frequency collocations (Evert 2009: 1237-8, 1245).

Typical association measures – such as MI, MI3, and Dice – can be understood as calculating collocates with their own characteristic emphases on the exclusiveness and frequency of the collocation relationship (Brezina 2018: 71). Exclusiveness pertains to whether the items forming a collocation are found mainly (or perhaps exclusively) in each other’s company. The collocates which a specific measure tends to attract may be described with the help of two dimensions: the frequent/infrequent dimension and the exclusive/non-exclusive dimension (Brezina 2018: 74). To illustrate this, the association measures *MI* and *MI3* will be explored next.

As has already been discussed, MI is an effect-size measure, which means that it calculates a word’s collocates based on the strength of the association between the word itself and other words appearing within a pre-specified collocation window (span). MI has been widely used in corpus linguistics over the years, but it has one notable drawback which reduces its appeal to corpus linguists: it tends to give high scores to low-frequency and exclusive collocates (Baker 2010: 24-5; Evert 2009: 1229-30), which is why it may not give an accurate picture of the “true” collocates of a given word. In other words, while the collocates computed by MI may be exclusive and in that regard strongly associated with the node, they also tend to be infrequent and consequently of less value to researchers – except if the focus of the study is specifically on rare collocates, of course. To eliminate such low-

frequency collocates, Evert (2009: 1229) advocates for applying a frequency threshold, i.e. setting a minimum frequency for the co-occurrence of the node and its collocates. With the MI measure, usually only such candidate collocates that appear at least five times with the node in the corpus are accepted as collocates (e.g. Love and Baker 2015). An MI score of 3.0 or above is required for a collocation to be statistically significant (Hunston 2002: 71).

MI is calculated using the formula $MI = \log_2 (O / ((R \times C) / N))$, where O is the observed frequency of the node and collocate within the set span, R is the frequency of the node, C is the frequency of the collocate, and N is the size of the corpus (number of tokens) (Brezina 2018: 71-2). More reliable collocate lists – with far fewer low-frequency collocates – can be derived by multiplying the numerator O in the above formula by O twice, which gives the formula for MI3: $MI3 = \log_2 (O^3 / ((R \times C) / N))$ (Evert 2009: 1226). With MI3, which gives low-frequency words lower association scores than MI does and accordingly pushes them lower in the collocate list (Brezina, McEnery, and Wattam 2015: 159-60), the minimum frequency required of a collocation can be set lower (e.g. Bednarek and Caple 2017), or as some corpus linguists have suggested, it may not be necessary to set one in the first place (Brezina, McEnery, and Wattam 2015: 159). An MI3 score of 9.0 or above is taken as evidence of statistical significance (see e.g. Bednarek 2018).

3.1.2 Semantic Preference and Discourse Prosody

Corpus linguists do not subscribe to Chomsky's rationalist view that language should be studied through "introspection rather than observation" (Atkins and Rundell 2008: 49), but point, for example, to the potential of corpus analysis to reveal unexpected aspects about language (Fitzgerald 2017a: 15). Among such unexpected aspects are linguistic phenomena such as semantic preference and discourse prosody, which generally speaking cannot be deduced based on native-speaker intuition, but which – in order to be identified reliably – require large quantities of data to be analysed. If a lexical item frequently appears together with a set of lexical items which share part of their semantic content with one another, the lexical item in question is said to have a semantic preference

for that set of lexical items (Partington, Duguid, and Taylor 2013: 37-8). Discourse prosody, in turn, may be defined as “an attitude associated with a lexical item over time and across texts” (Potts 2015: 287). Such attitudes or evaluative meanings circulating widely and identifiable in a number of texts can be inferred from a lexical item’s collocations (Fitzgerald 2017a: 31). To put it briefly, then, semantic preference is “a feature of the collocates [of the node word]” and discourse prosody “a feature of the node word” (Xiao 2015: 113).

When the concept of discourse prosody is discussed, reference is often made to Tognini-Bonelli’s (2001: 111) famous remark on the importance of collocations, namely that “words which are co-selected do not maintain their independence”. What this means is that, over time, the evaluative meaning which was originally attached only to a word’s collocates comes to surround the word itself, or to put it another way, the word takes on the prosodic meaning of its collocates and comes to be associated with that meaning even if none of the collocates causing the prosody is actually mentioned (Stewart 2010: 1). The theory of lexical priming, developed by Michael Hoey, posits that words are “primed for use in discourse”, meaning that language users learn to use words in specific ways through repeated exposure to the different patterns that words exhibit (Hoey 2005: 13). The lexical primings of a word guide not only its collocational behaviour (what collocations it tends to participate in) but also its semantic preferences (Hoey’s semantic associations) and discourse prosodies (Hoey’s pragmatic associations) (Hoey 2005: 13; Morley and Partington 2009: 145; Partington, Duguid, and Taylor 2013).

Since the linguist Bill Louw introduced the concept of semantic prosody – which is usually used synonymously with that of discourse prosody – in the 1990s, many words have been investigated for their prosodies. Among the early words examined by Louw were *bent on* and *utterly*, which he identified as having a negative discourse prosody (Flowerdew 2013: 164). More recently, lexical items like *fraught with* have been discussed as examples of discourse prosody (Morley and Partington 2009). *Fraught with* has been found to collocate with words such as *danger(s)*, *risk(s)*, and *peril*,

thereby displaying a semantic preference for the semantic domain of danger. The negative items *danger(s)*, *risk(s)*, etc., in turn, contribute to the negative discourse prosody of *fraught with*. (Morley and Partington 2009: 141-2) Studies like these are especially beneficial for the fields of lexicology and lexicography, as they help to understand how seemingly neutral words may not be that neutral after all in general usage.

In the 2010s, a different type of research into discourse prosody – which explores words from a critical perspective paying close attention to underlying ideologies – has gained traction. Leung (2016) and Fitzgerald (2017b) are recent examples of such research. Leung (2016) investigates how gamblers are portrayed in the Singaporean press, noting, for instance, that the node *gambler** collocates with *family*, *families*, *wife*, and *husband*. The node thus appears to have a semantic preference for words from the semantic domain of “familial relationships”, with “the gamblers’ family ... typically represented as the affected party who needs outside help, alongside the gamblers” (Leung 2016: 59-60). The node *gambler** also co-occurs with words like *inveterate*, *compulsive*, *addicted*, and *chronic*, which give it a negative prosody of obsession, illustrated by the following concordance line: “offence. Later that month, the *compulsive gambler* was caught gaming again at a void deck” (Leung 2016: 58-9; emphasis in original).

Turning to Fitzgerald’s (2017b) study of the discursive representation of the International Baccalaureate (IB) in the Canadian press, she examines, inter alia, the word *rigorous*, which is one of the strongest collocates of “baccalaureate” in her corpus and may thus carry an evaluative meaning contributing to the ideological representation of “baccalaureate”. The word *rigorous* collocates especially with “academic” (strongest collocate) in Fitzgerald’s corpus on the one hand, and with words like “standards” (strongest collocate), “training”, “research”, “testing”, “process”, “program”, “curriculum”, and “academic” in COCA on the other (Fitzgerald 2017b: 12-3). According to Fitzgerald (2017b: 13), the word *rigorous* seems to have a semantic preference for lexical items to do with “strict standards in the education and training domain”. As for the discourse prosody of the

word *rigorous*, it appears to exhibit a positive discourse prosody connected with the idea that rigour is desirable and distinguishes the IB from the normal curriculum, as exemplified by the following concordance line: “also offers the International Baccalaureate, a *rigorous* program that expects **more** of students than the usual OAC demands-“ (Fitzgerald 2017b: 13; emphases in original).

Before moving on to the next section, it is necessary to make a brief comment on the stability of discourse prosody. Morley and Partington (2009: 149) claim that “[t]he semantic prosody is ... in the DNA of the item”, but this does not seem to be an accurate description. The “DNA” part of the description namely implies that it would be somehow *unexpected* to find that the discourse prosody of a specific word does not apply in some context. It has, however, been argued that words may have either *a universal prosody*, which applies in a language in general, or *a local prosody*, which might be genre-specific, so it cannot be assumed that all discourse prosodies are equally stable (Flowerdew 2012: 21).

3.2 Critical Discourse Analysis

Critical discourse analysis (CDA) is a type of discourse analysis where analysts adopt a critical stance towards their research object. Within the school of critical discourse analysis, the concept of discourse is often defined following Foucault (1972: 49): “discourses are practices which systematically form the objects of which they speak”. Discourse can be characterized as a way of positioning oneself in relation to a specific topic, as a given discourse determines what can be said about the topic. The “compulsory heterosexuality” discourse, for instance, can be accessed by talking about brides and grooms, and activating this particular discourse results in the exclusion of other sexual identities (Sunderland 2004: 40). A single topic (or object), then, may be surrounded by several discourses, “each with a different story to tell about the object in question” (Burr 2015: 75). Critical discourse analysts see the relationship between discourse and social reality as dialogical, meaning that discourses contribute to constructing the social world and that the social world shapes discourses.

Practitioners of CDA are interested in examining the manipulative character of discourse, i.e. that of language and other semiotic resources, against a social backdrop. Critical discourse analysis has been characterized as “problem-driven” (e.g. Flowerdew and Richardson 2018: 1), which means that the starting point of CDA research is not so much texts as identifying a concrete social issue, as explained by Fairclough (2001: 26), one of the key figures of critical discourse analysis. Critical discourse analysts are often seen as having “an emancipatory agenda” (Mautner 2009: 32), which is little wonder given their interest in investigating and fighting against inequality, domination, and power asymmetries. Semiotic structures, especially linguistic ones, can be manipulated to further the interests of one group to the disadvantage of another group, which is explained by the fact that semiotic choices may have ideological implications. Ideologies, such as racist or sexist ones, which can be understood as abstract systems of beliefs shared by the members of a specific group, manifest themselves in discourses (Sunderland 2004: 6). Ideologies or their discursive manifestations are not visible as such, but discourses leave linguistic “traces” pointing to their presence in texts (Sunderland 2004: 28). Like many previous studies, this study is concerned with identifying linguistic traces, but critical discourse analysts do recognize the multimodal nature of discourse and take other semiotic elements into consideration as well, where relevant (Mayr and Machin 2012: 10).

Whilst there are commonalities between different CDA approaches – if there were none, it would not have been possible to discuss critical discourse analysis and its practitioners on a general level above – the CDA school has never considered itself to be a “sect”, as Wodak and Meyer (2009: 5) explain. On the contrary, CDA is an umbrella term for various approaches which make use of different theories and methods of analysis (Wodak and Meyer 2009: 5). Among the best-known CDA approaches are, for example, the Discourse-Historical Approach, the Dialectical-Relational Approach, the Socio-cognitive Approach, as well as the Corpus-Linguistics Approach (Wodak and Meyer 2009: 20). Many of the scholars who align themselves with critical discourse analysis draw in

their research on a linguistic theory called systemic functional linguistics, which is presented in Section 3.3.

Corpus linguistics and critical discourse analysis are seen by many linguists as complementing each other, and combining them in the same study (triangulation) is said to minimize their weaknesses and maximize their strengths. Not surprisingly, then, they have been depicted as “a ‘best-of-both-worlds’ scenario hardly achievable through the use of purely qualitative CDA” (Mautner 2009: 125) or as “a useful synergy” (Baker et al. 2008: 274). Behind such favourable depictions lies, firstly, the fact that corpus linguistics allows generalizations to be made with a greater degree of reliability: CDA practitioners tend to work with small data sets, but thanks to corpus tools, large amounts of data can be analysed within CDA-informed research as well. Incorporating corpus linguistics and CDA into the research design thus helps counter accusations of “cherry-picking”, that the researcher has, wittingly or unwittingly, selected unrepresentative data to be analysed or that the findings are overly subjective and hence unreliable (Mautner 2009: 34-5). Secondly, corpus-based critical discourse analysis strikes a balance between devoting too much attention to contextual aspects at the expense of generalizability and treating the context of language use as unimportant: the corpus data are analysed taking the original texts and context into account (Flowerdew 2013: 167; Mautner 2009: 34). Thirdly, corpus-based critical discourse analysis shows the importance of the “incremental effect of discourse” (Baker 2006: 13): only by analysing large quantities of naturally occurring language data is it possible to see how discourses are gradually constructed through recurrent language patterns and gain an understanding of dominant as well as less frequent discourses.

3.3 Systemic Functional Linguistics

M. A. K. Halliday’s linguistic theory, systemic functional linguistics (SFL), has been drawn upon in many CDA studies, which makes sense considering that SFL “sees language as meaningful behaviour and interprets language as a process of making meanings” (Mayr 2008: 16). Critical discourse

analysis and systemic functional linguistics both view language, above all, as social behaviour. Systemic functional linguistics is “systemic” in the sense that it conceptualizes language as a vast network of systems, whereby a system is understood as a set of options that a language user chooses from in conveying meaning (Halliday and Matthiessen 2014: 49). SFL is “functional” in the sense that it focuses on how certain words are chosen to convey meaning, rather than how words are related to each other on an abstract level (Bartlett 2014: 5-6). The meaning potential of language is composed of three different types of meaning: ideational, interpersonal, and textual meaning (see e.g. Halliday and Matthiessen 2014: 30). Ideational meaning encompasses experiential and logical meaning. The former refers to humans’ ability to use language to construct a particular version of the world, while the latter has to do with how clauses are linked to each other, e.g. via hypo- or parataxis. As well as construing a specific version of reality, humans create social relationships with others by means of language, which is what is meant by interpersonal meaning. Textual meaning, in turn, has to do with factors governing the flow of discourse, such as thematic development and cohesion.

While ideational, interpersonal, and textual meaning are said to be realized simultaneously when a clause is formed (Flowerdew 2013: 12), it is ideational – or, more specifically, experiential – meaning that has most often commanded critical discourse analysts’ attention. This is because experiential meaning conveys an image of how people or things are involved in various events or activities – something that practitioners of CDA take an interest in. Experiential meaning is expressed for the most part through the system of transitivity (for a visual illustration of the transitivity system, see Halliday and Matthiessen 2014: 355), the main component of which is process. In English at least, there are three major process types – material, mental, and relational processes – as well as three minor ones – verbal, behavioural, and existential processes (Lukin 2018: 127, 129). According to the SFL view of language, human experience, whether of the inner or the outer world, is expressed by means of such processes. They are typically realized by verbal groups. Every process involves one or more participants, which are the entities that take part in the process. Participants take the form of

nominal groups or embedded clauses (Ravelli 2013: 530). In addition to processes and participants, the concept of transitivity includes circumstances, which are the conditions (Location, Manner, etc.) under which a process takes place (Bartlett 2014: 83-4). Circumstances, often realized by prepositional phrases (e.g. *in Australia, on Friday*), are mostly optional.

As mentioned above, systemic functional linguistics posits six different types of process, which means that human experience of the world is of six different types according to the SFL view of language. Material processes typically refer to “concrete actions” – concrete in the sense that they change the world in some way (Mayr and Machin 2012: 53). An example of a concrete action would be the act of hitting someone. Verbs such as *walk* and *confiscate* similarly express such concrete actions. The most common participant roles associated with material processes are the Actor (always present) and the Goal (Ravelli 2013: 531). The Actor is an entity responsible for an action, whereas the Goal is an entity affected by an action. In the sentence *Pete hit the burglar*, for example, *Pete* is an Actor and *the burglar* is a Goal. Further participant roles associated with material processes are the Recipient, the Client, and the Scope (Halliday and Matthiessen 2014: 236). Both Recipient and Client are participants who benefit from the process carried out. The Recipient appears with the preposition *to* (e.g. *the kids* in *I’m just giving money to the kids this year*) and the Client with the preposition *for* (e.g. *them* in *I bought computer games for them last year*), though the sentence may also be formulated in such a way that it is not immediately evident which one is present (no preposition, but *the kids* is still a Recipient in *I’m just giving the kids money this year*) (Thompson 2014: 112). The Scope, in turn, is a Goal-like participant but is not affected by the process performed, e.g. *a bronze medal* in *John Sherwood won a bronze medal in the 400m hurdles* (Bartlett 2014: 52). It should also be noted that some material processes are not concrete, but metaphorical, like *demolish* in *She demolished his argument about crime reduction*, or abstract, such as *fall* in *The crime rate has fallen* (Mayr and Machin 2012: 53).

Mental processes are processes of sensing. Unlike material clauses, mental clauses do not concern the outer world, but the inner world (Thompson 2014: 97). There are different subtypes according to what type of sensing is being described: the emotive subtype includes verbs related to emotions (e.g. *adore, frighten*); the desiderative subtype includes verbs of wanting (e.g. *want, yearn for*); the perceptive subtype includes verbs of perception (e.g. *notice, hear*); and the cognitive subtype includes verbs of cognition (e.g. *understand, appreciate*) (Halliday and Matthiessen 2014: 256–7). Mental processes involve two participants, the *Senser*, an entity whose inner state is being talked about, and the *Phenomenon*, an entity at which the sensing is directed (Fontaine 2013: 75). In the sentence *Death frightens him*, *Death* is a *Phenomenon* and *him* is a *Senser*.

Relational processes are processes of being and having. They involve two entities between which there is “a semiotic, not a material, relation” (Ravelli 2013: 531). The experiential meaning of the relational clause is carried for the most part by the two entities due to the vague nature of relational process verbs, which include *be, have*, and other similar verbs (Halliday and Matthiessen 2014: 262). SFL differentiates between attributive and identifying relational processes. Attributive relational processes are based on the idea of class membership: the entity being described is assigned to a particular class (Fontaine 2013: 76). In the sentence *Ben is religious*, for example, *Ben* is said to belong to the class of religious people. Attributive relational processes have two participants, the *Carrier* (*Ben*) and the *Attribute* (*religious*). In identifying relational processes, by contrast, a particular entity is given a “unique identity” (Halliday and Matthiessen 2014: 267), as in the sentence *Nitschke is the founder of Exit International*, where *Nitschke* and *the founder of Exit International* both have the same referent. The participant roles in this case are termed the *Identified* (*Nitschke*) and the *Identifier* (*the founder of Exit International*).

Processes which involve exchanging information are labelled as verbal processes in systemic functional linguistics. Generally speaking, verbal processes are various processes of saying, and they involve at least one participant, the *Sayer*, which can be animate, like *She* in *She told me a secret*, or

inanimate, like *The sign* in *The sign said “Welcome to Bath”* (Halliday and Matthiessen 2014: 304). Frequent verbal processes include *say* and *tell*. Some verbal processes, such as *suggest*, *claim*, and *point out*, are often used in an academic setting to convey the researcher’s stance (Halliday and Matthiessen 2014: 303). In addition to the Sayer, the participant roles associated with verbal processes include the Verbiage, the Receiver, and the Target (Bartlett 2014: 66, 68). The Verbiage is that which is communicated, whereas the Receiver is the entity at which the message is directed. In the sentence *The PM presented the draft bill to Parliament*, for instance, *The PM* is a Sayer, *the draft bill* is a Verbiage, and *Parliament* is a Receiver. The Target, on the other hand, is the participant which is being communicated about in positive or negative terms (Thompson 2014: 107). The Target is found with evaluative verbs like *criticize* or *praise*. In the sentence *The Mayor praised the citizens’ courage*, for example, *the citizens’ courage* is labelled as a Target.

Behavioural processes have to do with “(typically human) physiological and psychological behaviour” (Halliday and Matthiessen 2014: 301). They are close in meaning to material and mental processes and can thus be described as being situated at the boundary between them (Lukin 2018: 127, 129). Examples of behavioural processes are *stare*, *cry*, *sigh*, and *breathe* (Halliday and Matthiessen 2014: 302). The participant roles associated with behavioural processes are the Behaver, an entity displaying some type of psychological or physiological behaviour, and (rather infrequently) the Behaviour, which refers to the behaviour itself. In the sentence *The girl sang a beautiful song*, *The girl* has the role of Behaver, and *a beautiful song* functions as Behaviour (see e.g. Halliday and Matthiessen 2014: 301), whereas in *What are you looking at?* the only participant, the Behaver, is *you* (Bartlett 2014: 71).

Processes which express that something or someone exists are known as existential processes. They often have *there* as a dummy subject (Thompson 2014: 110). The only participant occurring in existential processes is called the Existent. In the sentence *There is broad public support for legalizing assisted dying in Australia*, for example, the only participant, the Existent, is *broad public support*

for legalizing assisted dying. While *be* is a prototypical existential process verb (Bartlett 2014: 80), other verbs such as *remain*, *ensue*, and *sit* are also used to express existential processes (Halliday and Matthiessen 2014: 310). In clauses with *XVS* word order (*X* = circumstance of place, *V* = verb, *S* = subject), the dummy *there* may or may not appear if the process in question is existential: *Out of the dark (there) appeared a grim figure* (Bartlett 2014: 80). If the Existent is realized by a nominalization (a noun derived from a verb process), the existential clause is very similar in meaning to its material clause counterpart, as illustrated by *There was a robbery* (existential) and *A robbery took place* (material) (Halliday and Matthiessen 2014: 309).

When there is a string of verbs one after another in the sentence, the question arises as to which one or which ones of the verbs express processes. If there is only one subject, the sentence is interpreted as containing one process, and the process is realized by the last verb, like *read* (behavioural) in *He decided to read history* (Thompson 2014: 128). If there are two separate subjects, the sentence is analysed as containing two processes, like *wanted* (mental) and *go* (material) in *Mary wanted John to go*, where *Mary* is the Senser of the mental process and *John* the Actor of the material process (Halliday and Matthiessen 2014: 586). Strings of verbs are common in so-called causative constructions, which are constructions containing a participant that causes another participant to be involved in a process, possibly unwillingly (Thompson 2014: 129). Causative verbs include *encourage*, *help*, *force*, and *allow*, among many others (Halliday and Matthiessen 2014: 580). They do not constitute processes themselves. The causative participant, which encourages, helps, etc. some entity to ‘do’ something, is labelled differently depending on the type of process in question – *Initiator* for material, verbal, and behavioural processes; *Inducer* for mental processes; *Attributor* for identifying relational processes; and *Assigner* for attributive relational processes (Thompson 2014: 131). In the sentence *The doctor helped the patient end her life*, for instance, the only process is realized by *end* (material), *The doctor* is analysed as an Initiator, and *the patient* is the Actor of the material process verb *end*.

When an analysis is carried out of the process types in some textual material, it should be noted that there are no clear-cut boundaries between the different types of process. Thompson, for instance, acknowledges that verbs may “show a blend of two categories” (2014: 120), pointing out to potentially diverging opinions in cases such as *The speech was followed by polite applause*, where some (including Thompson himself) would classify *was followed* as a relational process and others as a (metaphorical) material process (2014: 127). It is also telling that some prominent practitioners of SFL theory disagree on the classification of verbs like *exist*, which for Bartlett (2014: 80) constitutes a relational process, for Thompson (2014: 110) a material process, and for Halliday an existential process (Halliday and Matthiessen 2014: 310). It is therefore crucial to carry out the labelling of the processes as transparently as necessary. The different types of processes and their participants, including causative ones, are summarized in Figure 1.

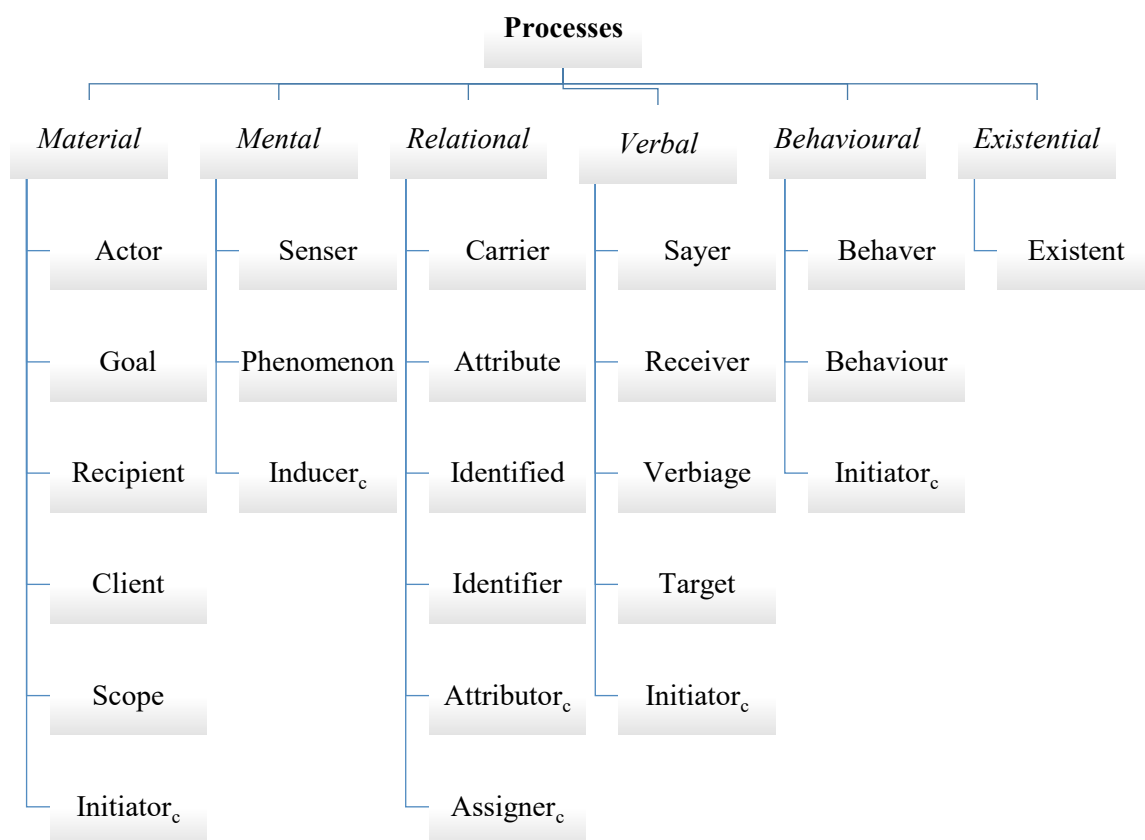


Figure 1. Process types and their participants in SFL (c = causative participant)

By using SFL tools, it is possible to explore the ideological effects of texts. Texts are never neutral, or as Davies (2013: 7) aptly puts it, “language does not faithfully mirror reality but ... the world around us is refracted through the distortive lenses of discourse. Therefore a reader of several newspapers can experience a number of representations of what each paper would purport to be just one reality”. Using language – or other semiotic resources – to communicate something about the physical or abstract world necessitates making choices about how to talk about people, things, events, actions, etc. As a result of the choices made, certain kinds of texts are produced that propagate a specific view of the world. Usually, there are several ways to describe a given course of events, so that different choices lead to different ideological effects. From a CDA perspective, it is important to ask how texts make use of the manipulative potential of language, as language can be used to present some groups of people or things in a positive light and other groups of people or things in a negative light (see e.g. van Dijk 2011: 435 (Ideological Square); Wodak 2011: 49 (Discourse-Historical Approach)). There are also discourses circulating in society at large that affect the production of texts, and they determine the ways that topics can be talked about. An SFL-based analysis has the potential to reveal, for example, who is given an active role (agent) and who is assigned a passive role within a text (Mayr and Machin 2012: 62-6). Furthermore, some social actors may appear in certain types of processes more frequently than other social actors, which can lead to ideological effects. If, for example, some social actors mainly occur in verbal processes and some others tend to appear in material processes, those associated with verbal processes may be seen as more passive than those associated with material processes (Bartlett 2014: 69). According to Bartlett (2014: 69), verbal processes by themselves can also show who is worth quoting if they are associated with a particular social actor.

3.4 Previous Research

To date, no studies utilizing the methodological approach adopted in this study (a corpus-based approach to critical discourse analysis) have been carried out on assisted dying. There have been a

large number of contributions to the field of corpus-based critical discourse analysis in general in the 2010s. Studies with a corpus-based approach to CDA have examined a wide variety of topics, including UK newspaper reporting on the Edward Snowden affair (Branum and Charteris-Black 2015), discourses surrounding benefits claimants on Twitter (Baker and McEnery 2015), homophobic discourse in connection with the age of consent and same-sex marriage debates in the UK parliament (Love and Baker 2015), and media portrayals of masculinity and men in South Africa (Levon, Milani, and Kitis 2017).

Due to the ubiquity of newspapers and their ideological, manipulative power (van Dijk 2008: 32), the data for many of the studies adopting a corpus-based approach to CDA have come from newspapers. Kitis, Milani, and Levon (2018) and Paterson and Coffey-Glover (2018) are very recent examples of such studies and illustrate the toolkit available to scholars working in the field of corpus-based critical discourse studies. Kitis, Milani, and Levon (2018) examine the representation of the black middle class (BMC) in the English-language South African press, especially in terms of how social class and race are intertwined in post-apartheid South Africa. They explore the portrayal of the BMC by investigating the concordances and collocates of expressions referring to the BMC, including *black middle class* and *black diamonds*. The study reveals that the black middle class is assigned an agentive role as consumers: it is said to be “driving strong demand” and to consume various services and commodities, for example “travel and holidays”, “cellphones”, and “cigars” (Kitis, Milani, and Levon 2018: 155). The researchers see these linguistic traces as pointing to consumer discourse around the black middle class. The metaphorical phrase *black diamonds*, in turn, is found to possess a negative discourse prosody of “ostentatious consumption” (Kitis, Milani, and Levon 2018: 167), a finding which is corroborated by the following three factors: Black diamonds are often agents in mental (more specifically, affective) processes, as in “revelled in ostentatious consumption” and “never afraid to splash out”, which show them to be driven by emotions (Kitis, Milani, and Levon 2018: 159-60). In addition, the material processes in which black diamonds appear,

e.g. *teeing off* and *driving flashy cars*, have to do with a certain kind of lifestyle or consumerism. Thirdly, the phrase *black diamonds* collocates with negative process verbs highlighting the ruthlessness of the BMC, as in “couldn’t care less” and “took advantage”. (Kitis, Milani, and Levon 2018: 159) The researchers do not, however, provide a collocate list for the phrase *black diamonds*, so that it is impossible to know how exactly they discovered the discourse prosody of “ostentatious consumption” for *black diamonds*. It is unclear whether any frequent collocates were found for *black diamonds*, or whether the discourse prosody was inferred by simply reading concordance lines and making a note of the different types of processes in which black diamonds appear.

Paterson and Coffey-Glover (2018) investigate the same-sex marriage debate in the UK press, drawing upon corpus linguistics, CDA (especially SFL), and queer linguistics. They examine lexical patterns through keyword analysis and semantic patterns through semantic field analysis. *Against*, *opponents*, and *anti* are found to be among the top 100 keywords. The authors view these keywords as possible evidence that the press portrayed same-sex marriage as a divisive issue (Paterson and Coffey-Glover 2018: 13). The portrayal of the same-sex marriage debate as one where the state and church collided is regarded by the researchers as the dominant one, and based on the 100 keywords, other representations of marriage, such as marriage as a human right, are not present in the corpus (Paterson and Coffey-Glover 2018: 13). Paterson and Coffey-Glover do not, however, investigate how the keywords *against*, *opponents*, and *anti* – or any other keywords for that matter – were actually used in the debate, so their keyword analysis remains regrettably speculative. In the semantic field analysis, one notable finding is that the semantic field of “kin” is the second most key (Paterson and Coffey-Glover 2018: 18). Within that semantic field, the researchers turn their attention to the word *polygamy*, which is found to be unusually frequent compared to the word *monogamy*. A concordance analysis reveals the reason: *polygamy* is used to access a slippery slope discourse which frames same-sex marriage as a step towards the legalization of polygamy (Paterson and Coffey-Glover 2018: 18).

As observed above, no corpus-based CDA studies have been conducted on the topic of assisted dying. There is, however, fairly recent research on the issue that employs a qualitative method. Discourses of death and the discursive construction of death in the press in connection with euthanasia have been discussed and investigated especially by Carpentier and Van Brussel (Carpentier and Van Brussel 2012; Van Brussel 2014; Van Brussel and Carpentier 2012). Van Brussel and Carpentier (2012) and Van Brussel (2014) examine media representations of death in Belgian newspaper texts dealing with euthanasia cases in Belgium in the years 2008 and 2009. Van Brussel and Carpentier (2012: 490-1) note that the medical-rationalist death discourse (see Section 2.1) does not occur in their data, i.e. death is not represented as “something technical and impersonal”, nor is the patient only seen as “a carrier or an exemplar of disease” (2012: 483-4). Instead, the medical-revivalist death discourse (see Section 2.1), which – unlike the medical-rationalist discourse – allows the patient an *active* role in the dying process, manifests itself frequently in the media texts (Van Brussel and Carpentier 2012: 490). Of the two main variants of this discourse, the right-to-die variant dominates over the palliative care variant in the data (Van Brussel and Carpentier 2012: 495-6).

The right-to-die discourse is built around specific understandings of autonomy, dignity, awareness, and heroism. Autonomy refers to the capability of making end-of-life decisions, or – in the right-to-die discourse – choosing death (Van Brussel and Carpentier 2012: 491). Dignity is defined especially in relation to independence: based on the data, the right-to-die discourse involves the “construction of the ‘brave dying person’ who chooses to die with dignity, i.e. ... before he [sic] becomes a burden to others” (Van Brussel and Carpentier 2012: 492). Being aware of one’s impending death is also found to be an important aspect of the right-to-die discourse and is connected with the notion of dignity, with loss of awareness (in connection with, say, dementia) viewed as loss of dignity. Finally, heroism means the portrayal of the dying person as heroic in accepting and facing a premature death. (Van Brussel and Carpentier 2012: 494-5)

Van Brussel (2014: 26, 30-1) discovers that the right-to-die discourse has a dominant role compared to the palliative care discourse in her corpus, as was the case in Van Brussel and Carpentier's (2012) study. Three separate discourses of death are distinguished – “the discourse of hedonism”, “the discourse of independence and control”, and “the discourse of autonomy” – and they are all part of the right-to-die discourse (Van Brussel 2014: 24). The discourse of hedonism construes dying as hedonic, linking dying with feelings of enjoyment and particular activities, for example “drinking and dining” (Van Brussel 2014: 25). The discourse of independence and control constructs dying as taking place before one becomes reliant on others and loses control of one's body and mind (Van Brussel 2014: 26-8). The discourse is linked with the notion of dignity, with the decline of the physical or mental faculties portrayed as “a threat to dignity” (Van Brussel 2014: 27). Lastly, the discourse of autonomy is used to portray death as a choice which one makes independently of other people (Van Brussel 2014: 28-9). Both Van Brussel and Carpentier (2012) and Van Brussel (2014) are qualitative studies and examine only a small number of euthanasia cases occurring over a short period of time (2008–09) in a specific geographical setting (Belgium), so the findings are not necessarily applicable outside Belgium or beyond the period examined without further research.

4. Data and Methodology

In this section, I will provide an account of the data of the study as well as the methods of analysis. The make-up and the compilation of the corpus are discussed first (Section 4.1). Thereafter, the methodological approach and the steps of analysis are described in detail (Section 4.2).

4.1 Corpus Design

The study is concerned with news discourse. The data for the study were collected from the online database *LexisNexis Academic*, which includes a news section where news texts from a vast range of sources are stored in electronic form. Based upon the latest research on newspaper readership conducted by Roy Morgan Research, a leading firm in market research in Australia, the following

Australian newspaper titles were selected to be included in the corpus (Roy Morgan 2018; for the local and regional newspapers, the state or territory in which the paper is published is given in brackets):

- *The Australian* (the only national newspaper that reports on a wide variety of topics without a special focus, unlike the second national daily newspaper *Financial Review*, which focuses on topics related to the world of business and finance), including *The Weekend Australian Magazine* (Saturday insert magazine)
- *The Sydney Morning Herald* and its Sunday counterpart *The Sun-Herald*, *The Daily Telegraph* and its Sunday counterpart *The Sunday Telegraph* (including the Sunday insert magazine *Stella*), the *Newcastle Herald*, and the *Illawarra Mercury* (New South Wales)
- *The Canberra Times* (Australian Capital Territory)
- *The Age* and its Sunday counterpart *The Sunday Age*, the *Herald Sun* and its Sunday counterpart *Sunday Herald Sun*, and the *Geelong Advertiser* (Victoria)
- *The Courier-Mail* and its Sunday counterpart *The Sunday Mail*, *The Cairns Post* and its Saturday insert magazine *Cairns Eye* as well as *Cairns Sun* (a weekly newspaper provided for free in the Tuesday edition of *The Cairns Post*), the *Gold Coast Bulletin*, and the *Townsville Bulletin* (Queensland)
- *The Advertiser* and its Sunday counterpart *Sunday Mail* (South Australia)
- *The West Australian* and its Saturday edition *The Weekend West* (Western Australia)
- the *(Hobart) Mercury* and its Sunday counterpart *Sunday Tasmanian*, *The Examiner* and its Sunday counterpart *The Sunday Examiner*, and *The Advocate (Burnie)* (Tasmania)
- the *Northern Territory News* and its Sunday counterpart *Sunday Territorian* (Northern Territory)

The above list of newspapers encompasses the major national, regional, and local newspaper publications across Australia with a few exceptions. The national Saturday newspaper *The Saturday*

Paper was not available via LexisNexis Academic, and *The Sunday Times* (the Sunday counterpart of *The West Australian* in Western Australia) was excluded because it was not available throughout the time frame specified below. The second national newspaper *Financial Review* was also excluded, as the search terms selected for the study returned only a low number of relevant articles from that particular paper (20 texts). A minimum of 30 texts per newspaper was required. Despite the exclusions, the selection of newspapers is vast: there are 19 newspaper titles in total when the daily newspapers are grouped together with their Saturday/Sunday editions.

The newspaper texts forming the corpus were extracted from the LexisNexis Academic database by restricting the search to the above mentioned newspapers and using *assisted dying OR assisted suicide OR assisted death OR euthanasia* as the search terms. These search terms were chosen based on preliminary searches on the LexisNexis Academic database and on the interchangeable usage of the terms *assisted dying*, *assisted suicide*, and *euthanasia* in everyday language despite the fact that they do not, strictly speaking, mean the same (Otter 2017: 2). The search was limited to newspaper texts published between 1 December 2012 and 30 November 2018. By choosing 1 December 2012 as the start date, it was possible to include potential news items about the Beverley Broadbent case, a high-profile rational suicide case in Australia in 2013, in the corpus. The latter date was used as the cut-off point, since November 2018 was the last whole month before the data collection began. During this period, there were many attempts to introduce legislation allowing assisted dying in different state parliaments around Australia, leading to the legalization of assisted dying in one state, Victoria, so that it was reasonable to assume that the time period chosen was dominated by impassioned debate on assisted dying and would thus provide fruitful data for the study.¹

The search was conducted for each newspaper separately. The newspaper texts returned by the

¹ At the time of writing, Victoria is still the only Australian jurisdiction to have passed legislation permitting assisted dying.

search were sorted by Relevance, and then the duplicates, in this case texts appearing in different editions of the same paper, were grouped by selecting *Group Duplicates > High similarity*. It was necessary to check the texts found by the search for their relevance, and some of them did turn out to be irrelevant to the present study. During this process, the following types of texts were excluded: texts which only appeared in internet editions; texts dealing with assisted dying outside Australia; texts where the term *euthanasia* was used in reference to animals; texts where the term *euthanasia* only appeared capitalized in the name of the Voluntary Euthanasia Party when, for example, election results were reported; texts (notices) where the times for euthanasia group meetings were announced; and texts which were book, theatre, film, or comedy reviews or accounts, or descriptions of fictional TV programmes. Only texts which contained *more than one* hit were accepted because including texts where assisted dying was only mentioned in passing would have skewed the results. Letters to the editor and online reader comments were the only exception to this principle: if the topic of the day was assisted dying/euthanasia, all letters to the editor or online reader comments were included as long as the letters or online comments as a whole contained *more than one* hit. After being downloaded and saved, the text files were cleaned by removing all irrelevant information from them. The types of information considered irrelevant were as follows: information about the writer or photographer; information about what address letters to the editor could be sent to; and (in letters to the editor and online reader comments) lines of text at the top of the section which were not titles (e.g. quotations, taken from letters, which the editor had chosen to highlight).

The last step in compiling the corpus was to remove any duplicates across different newspapers. The corpus tool *AntConc* (Anthony 2018) was used in this stage.² In order to identify the duplicates,

² As will be explained in Section 4.2, *WordSmith 7* (Scott 2019) was the primary corpus tool used in the study. There were, however, two reasons for using *AntConc* instead of *WordSmith 7* in identifying the duplicates: Firstly, it was noticed that *WordSmith 7* had difficulty finding clusters which extended beyond one sentence; *AntConc* was more reliable at detecting such clusters. Additionally, there were some bugs affecting the operation of *WordSmith 7*, including its cluster function, so those technical issues had to be resolved first by the software developer, Mike Scott. The process of removing the

the corpus was searched for all seven-word clusters beginning with the word *assisted* or *euthanasia*, with a minimum frequency of two.³ To remove the duplicates in a consistent fashion, the following principles were followed:

1. If an article (minor changes allowed, e.g. different titles) was published in more than one newspaper on different days, the article published first was retained.
2. If an article was published in (virtually) the same form in different newspapers on the same day and all articles had (virtually) the same length, the article from the newspaper which comes first in alphabetical order was retained.
3. If all articles were published on the same day but were of varying length, the longest one was retained, as it was reasonable to assume that the shorter ones were shortened versions of the longest article. Furthermore, if the longest article had been published a day before, only it was retained.
4. Principles 1–3 were similarly applied to duplicates of letters to the editor.
5. If an article appeared as a shorter and a longer version in different editions of the same newspaper on the same day, the longer version was retained.

The corpus is composed of 2,758 newspaper texts, amounting to 1,071,106 words in total. It is made up of different text types, including news reports, editorials, and letters to the editor, and consequently encompasses a variety of opinions from lay people, reporters, and experts alike. The breakdown of the corpus is shown in Table 1.

Table 1. Breakdown of the corpus

Name of the newspaper	Number of texts	Word count	Average word count per text
<i>The Australian</i>	284	168,811	594

duplicates was completed before confirmation was received from Scott that all the technical issues had been resolved.

³ On the use of clusters in identifying duplicates, see e.g. Baker (2014: 160).

<i>The Sydney Morning Herald/The Sun-Herald</i>	212	75,601	357
<i>The Daily Telegraph/The Sunday Telegraph</i>	47	20,293	432
<i>Newcastle Herald</i>	57	21,093	370
<i>Illawarra Mercury</i>	30	14,037	468
<i>The Canberra Times</i>	221	99,160	449
<i>The Age/The Sunday Age</i>	498	216,198	434
<i>Herald Sun/Sunday Herald Sun</i>	200	76,140	381
<i>Geelong Advertiser</i>	40	14,509	363
<i>The Courier-Mail/The Sunday Mail</i>	165	51,275	311
<i>The Cairns Post</i>	38	8,265	218
<i>Gold Coast Bulletin</i>	30	10,705	357
<i>Townsville Bulletin</i>	39	13,550	347
<i>The Advertiser/Sunday Mail</i>	248	73,295	296
<i>The West Australian/The Weekend West</i>	89	43,432	488
<i>(Hobart) Mercury/Sunday Tasmanian</i>	209	58,856	282
<i>The Examiner/The Sunday Examiner</i>	181	52,116	288
<i>The Advocate</i>	41	13,244	323
<i>Northern Territory News/Sunday Territorian</i>	129	40,526	314
TOTAL	2,758	1,071,106	388

4.2 Methods of Analysis

The study adopts a mixed methods approach, utilizing both quantitative and qualitative methods. The first stage of the analysis may be described as “corpus-driven” (Tognini-Bonelli 2001: 2) – that is to say, the researcher approaches the corpus data without a particular hypothesis or theory in mind. This

first stage was corpus-driven in the sense that corpus software was used to identify the words that make the corpus unique and no subjectivity on the part of the analyst was involved. Lexical items which corpus software identifies as being distinctive of a specific corpus are known as keywords. Keywords (or, more accurately, positive keywords) are words with a notably higher frequency in the corpus being studied, the target corpus, than in a second, usually far larger corpus known as the reference corpus. In this study, the corpus tool *WordSmith Tools 7.0* (Scott 2019) was used to compute the keywords of the corpus for the keyword analysis. Log-likelihood ($p < 0.0000000000000001$ (10^{-16})) was used to calculate the keywords, and the required minimum frequency of keywords was set at 5. The lowest possible p value was selected to ensure that *WordSmith 7* computed a comparatively low number of keywords. The software was set to exclude negative keywords – words which were unusually infrequent in the corpus. The BE06 Corpus, compiled by Paul Baker of the University of Lancaster, served as the reference corpus, as there was no up-to-date Australian English corpus available and Australian English follows British English spelling.⁴ Keyword analysis is often preferred to raw frequency analysis, because lexical items which are key reveal the unique lexical profile of the corpus, whereas raw frequencies only tell the researcher how many times words appear in a corpus. Moreover, it is often high-frequency grammatical words that are found at the top of word frequency lists, meaning that the potential of word frequency lists to reveal discourses is typically very limited in comparison to keyword lists.

After the calculation of the keywords, the top 200 lexical keywords were assigned to suitable semantic categories. The immediate context of the keywords, i.e. their co-text, was taken into account in classifying them (concordance analysis). The next step was to examine the functions of the keywords, with the aim of shedding light on the key aspects of the assisted dying debate and uncovering the main discourses connected with the topic of assisted dying. To this end, the collocates

⁴ On request, Baker kindly provided a wordlist of the BE06 Corpus in WordSmith 7 format for the study. The BE06 Corpus as a whole has not been released to public use.

of the keywords deemed most significant were investigated. Which keywords were deemed “most significant” depended partly on the semantic categories to which the keywords were assigned (see Table 2 in Section 5.1.1) – the semantic categories revealed the overall structure of the assisted dying debate – and partly on the nature of the discourse being examined – it was, for example, to be expected that words like *laws* and *vote* would appear towards the top of the keyword list, as there has been a great deal of discussion about legalizing assisted dying in the Australian press in the 2010s.

MI3 was selected to calculate the collocates, as it is a cubed, and, consequently, improved, version of MI (Mutual Information). A minimum frequency of 3 was required of each collocation to exclude the rarest candidate collocates, i.e. the ones appearing only once or twice, from the analysis. The collocation span used was the usual 5L/5R, i.e. five words to the left or right of the node, and collocations across sentence boundaries were disregarded. An MI3 score of 9.0 or above (the threshold for statistical significance in MI3) was required. In most of the collocation analyses carried out, the first ten lexical collocates with the highest MI3 scores were examined, with the exception that proper names were disregarded unless there was a specific reason to include them in the analysis. In a few cases, however, when collocates were found to carry a specific evaluative meaning, it was considered important to carry out a more in-depth collocation analysis, which is why the first 20, rather than the first ten, lexical collocates were investigated. Both single words and larger linguistic units (sequences of words / clusters like *dying with dignity*) were subjected to collocation analysis as deemed appropriate, since, as was mentioned in Section 3.1.1, collocations may be composed of more than two words. When analysing the collocational patterns of a given word, attention was paid to any differences in the use of collocations between proponents and opponents of assisted dying.

Once the collocation analyses related to the keyword list had been completed, SFL tools were applied with the aim of shedding light on the roles which prominent social actors have to play in the euthanasia debate. The social actors *doctors* and *Nitschke* were chosen for closer investigation because they were the only relevant social actors among the first 20 keywords (see Appendix 1). The

Collocation tool of *WordSmith 7* was again used to produce a collocate list for both words. In this stage of the study, the first 50 lexical collocates ranked by the MI3 score were included in the collocate list. Of the 50 lexical collocates, only verb collocates, which are usually processes in SFL, were analysed. The concordance lines of the verb collocates and, when necessary, larger parts of the newspaper texts were studied to establish the primary processes in which *doctors* and *Nitschke* appear as well as their main participant roles in the assisted dying debate.

5. Analysis

This section is concerned with the results of the study and comprises two parts. The analysis presented in Section 5.1 is based on the keywords of the corpus and explores the questions of what the core features of the euthanasia debate are and what discourses can be identified in the debate. The analysis presented in Section 5.2, in turn, is concerned with the participant roles of the key social actors (*doctors* and *Nitschke*) as well as the processes associated with them.

5.1 Keywords and Their Collocational Patterns

As a first step, to offer a glimpse into the corpus, the keywords to be explored in this study will be divided into semantic categories (Section 5.1.1). The keywords will then be analysed, category by category, based on their collocational behaviour and concordance lines in Sections 5.1.2–5.1.8.

5.1.1 An Overview of the Keywords in the Corpus

The Keyword tool of *WordSmith 7* generated a total of 272 keywords. The first 200 lexical words were included in the analysis. There were some cardinal numbers and function words among the keywords, but they were excluded together with the keyword “au” (domain name for Australia) from the analysis, since it is usually lexical keywords that reveal the most important aspects about the discourse being examined. The keyword list, including the 25 keywords excluded from the analysis, is provided in Appendix 1. The keywords were divided into suitable semantic categories based on

their primary function in the discourse, that is to say, when a particular keyword fit into multiple categories, it was placed into the category which best captured its function in the discourse. Concordance analysis (i.e. reading the concordance lines of the word under examination) was used as an aid in the classification. With a few keywords, a decision was made to assign them into two categories, as concordance analysis showed that they had two (rather than only one) major functions in the discourse. The keyword *Legislative/legislative*, for instance, appears in two semantic categories, viz. Parliament/Government (“Legislative Assembly”, “Legislative Council”⁵) and Legal sphere (e.g. “legislative change”, “legislative reform”). The top 200 keywords organized by semantic category are presented in Table 2.

Table 2. The top 200 keywords in the corpus arranged by semantic category

Semantic category	Number of keywords	Keywords (in descending order of keyness within each category)
Parliament/Government	37	22. parliament, 29. Labor, 31. MPs, 34. Andrews, 40. federal, 47. Greens, 49. Premier, 51. liberal, 54. government, 57. party, 59. conscience, 60. senator, 64. Senate, 66. politicians, 71. MP, 72. minister, 76. Giddings, 77. inquiry, 79. Legislative, 93. Opposition, 95. parliamentary, 96. upper, 114. Turnbull, 116. McKim, 117. leader, 128. Hennessy, 138. coalition, 142. Daniel, 145. Labor's, 156. Leyonhjelm, 161. Liberals, 164. Lara, 165. Abbott, 171. Patten, 172. Perron, 192. lobby, 194. politics
Health/Healthcare	31	8. palliative, 10. care, 14. suffering, 17. medical, 18. doctors, 20. terminally, 21. ill, 33. patients, 38. terminal, 41. patient, 45. doctor, 48. pain, 55. illness, 67. cancer, 86. physician, 88. Syme, 120. incurable, 125. nursing, 139. suffer, 143. unbearable, 144. disease, 159. dementia, 166. relieve, 169. treatment, 175. intolerable, 177. diagnosed, 178. morphine, 180. patient's, 198. illnesses, 199. nurses, 200. painful

⁵ The lower house of a state's parliament is called a Legislative Assembly in Australia, the upper house a Legislative Council. The parliaments of the territories are unicameral and only consist of a Legislative Assembly.

Location	29	25. Australian, 27. Australia, 35. Victorian, 36. state, 39. Victoria, 42. territory, 46. NSW, 53. Australians, 65. ACT, 68. Tasmania, 73. Queensland, 87. Tasmanian, 97. Victoria's, 99. Victorians, 100. Melbourne, 101. NT, 102. Canberra, 107. Northern, 118. Belgium, 124. Netherlands, 137. Australia's, 141. Oregon, 150. WA, 152. territories, 167. hospital, 173. state's, 184. Switzerland, 185. Territorians, 189. Perth
Legal sphere	24	5. bill, 12. laws, 13. legislation, 23. vote, 28. law, 50. safeguards, 52. right, 58. legalise, 61. legal, 65. Act, 75. legalised, 79. legislative, 84. election, 91. legalising, 115. rights, 121. voted, 135. passed, 160. votes, 179. pass, 183. member's, 187. jurisdictions, 188. legislate, 190. introduce, 195. amendments
Death	20	1. euthanasia, 2. dying, 3. assisted, 4. voluntary, 6. death, 7. suicide, 9. die, 26. end, 69. lethal, 90. Nembutal, 105. drugs, 110. deaths, 122. killing, 123. drug, 131. died, 134. medication, 147. peaceful, 148. assistance, 155. rational, 182. ending
Organizations	7	19. Nitschke, 81. Exit, 83. Philip, 109. Nitschke's, 119. AMA, 149. Lifeline, 197. beyondblue
Value-laden terms	5	30. dignity, 52. right, 108. compassionate, 113. compassion, 153. dignified
Non-specific terms referring to people	4	16. people, 80. person, 103. members, 140. majority
Support	4	44. support, 112. advocate, 127. advocates, 174. supported
Choice	3	56. choice, 89. choose, 111. option
Opposition	3	93. opposition, 158. opponents, 186. oppose
Other central figures	3	85. Denton, 162. Andrew, 163. Brayley
Speech	3	24. debate, 62. says, 126. debated
Titles	3	15. Dr, 32. Ms, 43. Mr
Characteristics of people	2	92. elderly, 106. vulnerable

Life	2	11. life, 63. lives
Problems	2	170. slippery, 193. burden
Religion	2	168. Catholic, 196. religious
Actions associated with assisted dying legislation	1	74. request
Change	1	82. reform
Miscellaneous	18	37. issue, 70. decision, 78. allow, 94. proposed, 98. marriage, 104. views, 129. issues, 130. wishes, 132. campaigner, 133. former, 136. abortion, 146. push, 151. final, 154. loved, 157. campaign, 176. access, 181. Peter, 191. decisions

As can be seen in Table 2, the assisted dying debate in the Australian press is constructed especially around lexical items which fall into five semantic categories: Parliament/Government, Health/Healthcare, Location, Legal sphere, and Death. These are the semantic categories with the most keywords (20–37 keywords per category). The most important semantic categories will be discussed in the sections that follow.

5.1.2 Parliament and Government

Unsurprisingly, the largest semantic category, Parliament/Government (37 keywords), contains keywords referring to political parties – firstly, the two main political parties in Australia, the Labor Party and the Liberal Party, and, secondly, smaller Australian parties, the Greens and the Liberal Democratic Party (keywords *Labor/Labor's*, *Greens*, *liberal*, *Liberals*). This category also contains keywords referencing prominent politicians, including *Andrews*, *Giddings* (Lara Giddings), and *Turnbull* (Malcolm Turnbull). Of such keywords, *Andrews* is worthy of closer examination, because – as anyone with a reasonable knowledge of Australian politics knows – two politicians, Liberal MP Kevin Andrews and the current Premier of Victoria, Daniel Andrews (Labor), have had a key role to play with respect to assisted dying legislation in Australia. As expected, *Andrews* collocates especially with the first names *Daniel* (202 cases) and *Kevin* (114 cases) in the corpus. Daniel

Andrews' government legalized assisted dying in Victoria in 2017, making Victoria the first Australian jurisdiction to permit physician-assisted death, which explains why *Daniel* and *Andrews* co-occur so often in the corpus. Kevin Andrews, in turn, is a federal politician who brought forward a private member's bill in 1996 to nullify the Northern Territory's assisted dying legislation, which accounts for the co-occurrence of *Kevin* and *Andrews*.

Apart from *Daniel* and *Kevin*, other significant collocates of *Andrews* include *Premier* (177 cases), *government* (161 cases), *bill* (141 cases), *backbencher* (25 cases), *government's* (34 cases), *Liberal* (51 cases), *said* (111 cases), and *repeal* (21 cases). While *Premier*, *government*, *government's*, and *said* (direct/indirect reporting) are strongly associated with Daniel Andrews, *backbencher* and *Liberal* are closely linked to Kevin Andrews, of which *backbencher* refers especially to his backbencher status in connection with his 1996 private member's bill. *Liberal* references the political party to which Kevin Andrews belongs. The collocate *bill*, in turn, is found in exactly two contexts, firstly, when Victoria's Voluntary Assisted Dying Bill is mentioned (Example 1 below) and, secondly, when Kevin Andrews' 1996 bill is mentioned (Example 2). The question arises as to why Kevin Andrews' bill features so heavily in the debate over physician-assisted death in the 2010s. As a concordance analysis of the collocation *Andrews* + *bill* shows, this is because there is a great deal of discussion in the corpus about repealing that particular bill, which is often called "the Andrews Bill". What is also noteworthy is that all 21 cases of the collocate *repeal* relate to this discussion – that is, to having the Andrews Bill overturned (Example 3).

(1) With 68 safeguards enshrined in the **bill**, Premier Daniel **Andrews** insists that the reforms would be the "most conservative" in the world. (*The Sunday Age*, 8 October 2017)

(2) The ACT and Northern Territory are unable to make laws on euthanasia, because of the "**Andrews Bill**", a private member's bill named for conservative backbencher Kevin Andrews, introduced after the NT legalised euthanasia in 1995. (*The Canberra Times*, 1 August 2017)

(3) The ACT's parliament has already endorsed the **repeal** of the **Andrews** bill in a motion that passed unopposed last year. (*The Canberra Times*, 28 July 2018)

Liberal MP Andrews' bill (or act) which sealed the fate of the assisted dying law in the Northern Territory is officially known as the Euthanasia Laws Bill 1996 (or the Euthanasia Laws Act 1997), yet a search in the corpus revealed that the bill is seen as inextricably linked to Kevin Andrews, the *Andrews bill/Bill* (85 occurrences) being by far the most frequent way of referring to the bill in question in the corpus: *Andrews a/Act* (1 occurrence), *Andrews'(s) a/Act* (0 occurrences), *Andrews b/Bill* (85 occurrences), *Andrews' b/Bill* (3 occurrences), *Andrews's b/Bill* (0 occurrences), *Euthanasia Laws Act* (28 occurrences), and *Euthanasia Laws Bill* (5 occurrences).

Another interesting keyword in the Parliament/Government category is *politicians*. This keyword is worth exploring in greater detail for the reason that it is a term which a speaker or writer may use when conveying their attitude towards politicians in general, i.e. without referring to any specific politicians. The collocation profile of the keyword *politicians* reveals some very interesting aspects about its function in the assisted dying debate. The first 20 collocates of *politicians* with the highest MI3 scores (see Appendix 3 for the collocate list) are presented in Table 3. The collocates were grouped into four categories.

Table 3. The top 20 collocates of *politicians*

Category	Collocates
Actions	vote, urged, listen, urging, represent, want, lobbying, time
Groups of people	ethicists, lawyers, doctors, clergy
Qualities (evaluation)	timid, cowardly, guts
Miscellaneous	federal, euthanasia, conscience, support, state

The assisted dying debate is characterized by negative speaker/writer attitudes towards *politicians*, which were found to crystallize around such words as *listen*, *represent*, and *time* (the Actions category). As far as the collocate *listen* is concerned, its prominence is explained by references to

politicians not listening to the public (7/8 cases [88%]).⁶ *Listen* is a behavioural process which requires the Behaver – in this case *politicians* – to be willing to engage in the process and to do so consciously, i.e. to direct their attention at what is being said. The link between politicians and their lack of listening to the public is demonstrated by (4) and (5). The negative reply “No” to the rhetorical question in (5) constitutes an explicit denial that politicians listen to the electorate.

(4) If Tasmanian politicians listened to the public they would legalise voluntary euthanasia. That's the view shared by former Mersey MLC, Norma Jamieson, a long-time euthanasia advocate since the 1960s and Latrobe GP, Geoff Shannon. ... Dr Shannon said it was up to the **politicians** to **listen** to the public. (*The Advocate*, 23 November 2016)

(5) Do the **politicians** **listen** to the public? No. There have been multiple attempts to introduce a Bill in various States and have all but one been rejected [sic]. (*The West Australian*, 25 August 2016)

As for the collocation *politicians* + *represent*, it mostly appears when a writer questions how well politicians actually represent the voters and take the public opinion on assisted dying into account (6/9 cases [67%]). This collocation is found almost exclusively in texts by pro-euthanasia writers (5 pro-euthanasia writers vs. 1 anti-euthanasia writer; Example 6). The collocate *time*, in turn, occurs when a speaker/writer highlights that a law reform on assisted dying is needed now (8/19 cases [42%]; the remaining 11 cases constitute no further patterns). It is found especially in the semi-fixed construction *it is/was time for* [determiner] *politicians* [and ...] *to ...*⁷ (6 cases). Examples 7 and 8 illustrate the function of the collocate *time* in the corpus.

(6) **Politicians** are elected to **represent** the will of the people. I think the overwhelming majority desire to have the choice of assisted dying. I now ask - no demand - that our representatives do their job. (*Newcastle Herald*, Letters, 30 January 2017)

(7) "It's **time** for Queensland's **politicians** to listen to the unwavering voice of their constituents on this issue," Mr Denton said. (*The Courier-Mail*, 23 January 2018)

(8) It's **time** the **politicians** showed some spine and represented us, and stopped being afraid of and/or beholden to a small noisy few. (*The Advertiser*, Letters, 18 October 2016)

⁶ The forward slash (/) is used to present numerical information in compact form and stands for ‘out of’. Thus, “7/8 cases” is to be read as ‘7 out of 8 cases’.

⁷ Square brackets indicate optionality of one or more elements.

With regard to (8), it is worth noting that the sentence presupposes that politicians are intrinsically spineless and do not represent the voters. Overall, it can be said that the word *politicians* possesses a negative discourse prosody of “not representing the electorate”, as shown by the collocates *listen*, *represent*, and *time*.

Politicians are also associated with semantically related qualities signifying lack of courage (timidity, cowardice, and not having the guts) in the corpus. They are branded as “timid” on the issue of assisted dying (3/5 cases [60%]), partly because of the influence of “religiously motivated people”, as shown by (9). Furthermore, they are represented as “cowardly” (3/3 cases [100%]). In (10), they are even placed alongside the other two groups standing in the way of the legalization of euthanasia: patronising doctors and clergy with beliefs from a bygone era. Lastly, politicians are depicted as (possibly) lacking “the guts” to make assisted dying laws (3/3 cases [100%]; Example 11).

(9) Mr Mackenzie, a former Labor MP for Geelong and member of Dying With Dignity Victoria, said he was frustrated that what should be an individual's choice was in the hands of "**timid politicians**" who were being "frightened" by "a small number of often religiously motivated people". (*Geelong Advertiser*, 18 July 2015)

(10) Bob Hawke claims that the cowardice of politicians is preventing euthanasia law reform ("Hawke blasts political will over euthanasia", 15/4). Two other other [sic] obstinate road blocks come to mind: chronic medical paternalism and dogma-driven religion. ... An unholy alliance then: **cowardly politicians**, paternalistic doctors and clergy with outdated, anti-human dogmas. (*The Age*, Letters, 18 April 2016)

(11) He's [Nitschke's] taken on one of the most thankless tasks in Australia because our **politicians** don't have the **guts** or the will to legislate on crucial social issues such as voluntary euthanasia. (*The Advertiser*, 27 July 2014)

Based on the collocates *timid*, *cowardly*, and *guts*, then, it can be concluded that the lexical item *politicians* displays a second negative discourse prosody, that of “lacking courage”.

5.1.3 Health and Healthcare

The second largest category, Health/Healthcare, with a total of 31 keywords, includes terms referring to important social actors, notably doctors and patients, in the assisted dying debate (keywords *doctor(s)*, *patient(s)*, *physician*, *patient's*). Syme, in turn, is a now retired urologist and a well-known

euthanasia advocate in Australia. A central theme in the Health/Healthcare category appears to be the experience of pain, which is why the keywords *palliative*, *suffering*, *pain*, and *suffer* deserve to be examined in more detail.

The by far strongest collocate of the keyword *palliative*, which is found 1,791 times in the corpus, is *care* (Appendix 2). The phrase *palliative care* occurs 1,638 times in the corpus, which means that *care* (as a collocate of *palliative*) is found mostly in the R1 position, i.e. right after the word *palliative*. In the next step, the collocates of the phrase *palliative care* were examined to see what its contribution to the assisted dying debate was. Of its top 10 collocates (Appendix 2), *funding*, *better*, and *best* reveal important aspects about how the phrase *palliative care* is used in the debate. The noun collocate *funding* mostly occurs when the view is expressed that palliative care should receive more funding (39/45 cases [87%]), exemplified by (12). The adjective collocate *better* suggests that palliative care in its current form is lacking in some respect and needs to be improved (32/43 cases [74%]), as demonstrated by (13). The belief that more money would make palliative care better is often expressed in explicit terms, for example through the word *funded* in (14). As for the adjective collocate *best*, there is a strong tendency for it to be used by proponents of assisted dying (32/46 cases [70%]). In using the collocate, they convey the view that the best palliative care does not work for everyone, that the best palliative care is not enough to alleviate every patient's pain to a satisfying degree. The message is frequently reinforced by the adverb *even* (13 of the 32 cases [41%]) – almost always with *not* (11/13 cases [85%]; Example 15) – or, occasionally, by the concessive preposition *despite* (6 of the 32 cases [19%]; Example 16).

(12) I agree that **palliative care** needs more **funding** and that the answer also lies partly in increasing communication about end-of-life issues and fostering better education and skills of our medical practitioners, ... (*Mercury*, Letters, 25 March 2013)

(13) **Better** practice of **palliative care** would go a long way towards relieving current suffering. (*The Age*, 27 May 2015)

(14) Many agree that **palliative care** needs to be **better funded** and available to more Victorians sooner. (*The Age*, 22 July 2017)

(15) *Even the **best palliative care** cannot ease all symptoms and indignities. (The Age, Letters, 23 September 2017)*

(16) I have seen some awful deaths in patients *despite* the **best palliative care**, including my wife with pancreatic cancer and my mother with stomach cancer. (*Herald Sun*, Letters, 7 July 2017)

The keyword *suffering* collocates with such words as *pain* (strongest collocate), *terminal*, *incurable*, *illness*, *unbearable*, and *intolerable*, which are all among its top 10 collocates (Appendix 2). The presence of the collocates *terminal*, *incurable*, and *illness* in the corpus reflects the fact that the assisted dying debate concerns especially people with terminal or at least incurable illnesses. Of the top 10 collocates, *unbearable* and *intolerable* proved particularly fruitful at uncovering trends in the corpus. The collocate *unbearable* was found to serve predominantly a pro-assisted dying agenda (44/113 cases [39%]; Example 17), that is to say, it is rarely associated with an anti-euthanasia voice. This is of course logical, as it is supporters of euthanasia, not opponents, who want to draw attention to the extreme level of pain that some patients experience at the end of their lives. The remaining 69 cases are mostly connected with discussions of inquiries or legislation regarding euthanasia, as is the case in (18), where the phrase “unbearable and hopeless suffering” is borrowed from a proposed South Australian euthanasia bill. The collocate *intolerable* has a similar function to *unbearable*: for the most part, it also has the function of highlighting the degree of pain which no one wishes to endure and signals a pro-assisted dying stance (55/95 cases [58%]), as can be seen from (19). The other cases (40 in total) are mainly part of discussions of inquiries or legislation regarding euthanasia, so in those cases the collocations themselves are not associated with support for or opposition to euthanasia. With regard to Examples (17) and (19), it should be observed that the experience of suffering is not simply depicted as *unbearable* or *intolerable* – which most would probably say is bad enough – but also as *purposeless* or *unrelievable*, making the suffering sound unreasonable or like “hell on earth” with no escape.

(17) Assisted dying is a way - the only way - to halt *purposeless*, **unbearable suffering** that cannot be otherwise alleviated. (*The Sunday Age*, 3 September 2017)

(18) Voluntary euthanasia supporters filled Parliament's public gallery to hear debate on a proposed law that would allow people with a medical condition who are experiencing "**unbearable** and hopeless **suffering**" to choose voluntary euthanasia under certain circumstances. (*The Advertiser*, 10 June 2016)

(19) So many of those opposed to assisted dying legislation fail to acknowledge the **intolerable**, *unrelievable* **suffering** that some people experience, and maintain the cruel pretence that palliative care is a universal panacea. (*The Examiner*, Letters, 31 July 2015)

Moving on to the keyword *pain*, it turned out that pain was often depicted as *severe*, *excruciating*, *unbearable*, or *constant* – these are among the top 10 collocates of *pain* (Appendix 2). Based on these four collocates, then, it can be argued that references to extreme (*severe*, *excruciating*, *unbearable*) and never-ending (*constant*) pain endured by some patients are an integral part of the assisted dying debate. Closer investigation of the top 10 collocates in context revealed a notable trend involving the adjective collocates *excruciating*, *unbearable*, and *constant*: the majority of the co-occurrences of *pain* and *excruciating/unbearable/constant* are accompanied by a pro-euthanasia stance. In other words, representations of pain as excruciating, unbearable, or constant are mainly found in contexts where support for euthanasia is articulated. Support for euthanasia is expressed in 21 out of 33 cases with *excruciating* (64%; Example 20), in 22 out of 47 cases with *unbearable* (47%; Example 21), and in 19 out of 25 cases with *constant* (76%; Example 22). An anti-euthanasia sentiment is found in only 2 (out of 33) cases with *excruciating* (6%), in 9 (out of 47) cases with *unbearable* (19%), and in only 3 (out of 25) cases with *constant* (12%). It can thus be concluded that the keyword *pain* and the adjectives *excruciating/unbearable/constant* rarely co-occur in contexts where an anti-euthanasia sentiment is expressed.

(20) WHY do some politicians have to actually witness a family member or friend in **excruciating pain** before they suddenly come to their senses and realise that euthanasia should be law? (*Mercury*, Letters, 25 November 2017)

(21) Regardless of the views of anti-euthanasia advocates, I will orchestrate my own death if I should find myself suffering **unbearable pain** or dementia-related illness. (*The Australian*, Letters, 24 November 2017)

(22) She [Aina Ranke] described the daily distress of living with **constant pain** and disability, which had led to her decision to end her life. (*The Sydney Morning Herald*, 3 October 2013)

The keyword *suffer* provides a window into the personal, individual-centred character of the euthanasia debate. It collocates with words like *watched* (strongest collocate), *watching*, *pain*, *loved*, and *painful* (Appendix 2). As far as the strongest collocate *watched* is concerned, it is found primarily in contexts where reference is made to person A witnessing person B suffer, and person A's past experience of person B's suffering is often represented as the reason – or at least one of the reasons – for person A's pro-euthanasia stance (12/17 cases [71%]). To give an example, in (23), Nigel Haines' positive view of assisted dying is (at least partly) explained by his personal experience of his wife's suffering. The collocation *suffer* + *watched* occurs mostly in sentences which concern a particular individual's experiences, like Nigel Haines' in (23), signalling to the reader that behind each story is a real person who has witnessed suffering (10 cases). In cases where the person who has seen someone suffer relates their experiences themselves using elements of *personal deixis* (*I* and personal determiners like *my*), the reader has direct access to the writer's experiences (4 cases) – without their being mediated through a journalist's voice – as is the case in (24), where the Australian TV host Andrew Denton speaks of his father.

(23) Mandurah's Nigel Haines, who **watched** his late wife Suzie **suffer** through Alzheimer's disease, said he believed she should have had the option to end her life. (*The West Australian*, 5 May 2018)

(24) WHY is a two-times-failed Gold Logie nominee like me campaigning for a voluntary assisted dying law? The reason is: *I watched my father, Kit, suffer* needlessly before he died. (*Herald Sun*, 22 June 2017)

In a similar way to *watched*, the collocate *watching* reveals a strong link between seeing someone suffer and taking a positive stance on assisted dying (15/22 cases [68%]). Most of the 15 cases (9 cases [60%]) are associated with a specific person, but there are no cases involving first person deixis. In (25), for instance, MP Ryan Park is said to have adopted a positive stance on assisted dying as a result of his grandmother's suffering. The fact that the keyword *suffer* has a tendency to co-occur with *loved* shows that it is loved ones that are frequently portrayed as suffering in the assisted dying debate (17 cases). Indeed, the collocate *loved* is – with one exception – always part of the

cluster “a loved one” or “loved ones”. A closer textual analysis shows that the collocation *suffer* + *loved* is often linked with a pro-euthanasia stance (8/17 cases [47%]), and in the eight cases where it is, *watched* or *watching* appears in the same sentence. The painful experience of watching someone suffer is thus made even worse by the fact it is a loved one, not just anyone, who is suffering, as exemplified by (26), where this worst imaginable scenario is believed to lead to a shift in people’s attitudes to assisted dying.

(25) After **watching** his grandmother **suffer** for seven years with a terminal illness, Keira MP Ryan Park made a promise when elected in 2011 to support a person's right to die with dignity. (*Illawarra Mercury*, 17 November 2017)

(26) If anything can change people's minds about the need to legalise assisted dying, it is *watching* their **loved ones** **suffer** unnecessarily traumatic deaths. (*The Age*, Letters, 23 September 2017)

Overall, it is important to note that the keyword *suffer* has *watched* and *watching* (behavioural processes requiring activity on the part of the Behaver) among its top 10 collocates, not e.g. *saw* and *seeing* (mental processes where the Senser is passive rather than active). As a behavioural process, *watching* implies that the person is actively involved in the process, which is not the case with *seeing*. An integral part of the assisted dying debate is, then, the idea that – because of the current Australian legislation – people are forced to do something that is against their will, i.e. sit by and *watch* other people suffer. They do not *see* the suffering by chance.

5.1.4 Location

The third largest category, Location (29 keywords), mostly contains geographical terms referring to Australia or parts of it, and terms referring to people living in Australia. The keywords also include *Belgium*, *Netherlands*, *Oregon*, and *Switzerland*, that is, countries or US states which appear in the assisted dying debate when the situation in Australia is discussed in relation to euthanasia laws outside Australia. One keyword in this category that deserves further examination is *Territorians*. That is because the Andrews Bill (discussed in Section 5.1.2) removed the legislative power of the territory parliaments on the issue of euthanasia. The Andrews Bill was found to figure prominently

in the debate, as was explained above, so that it is worth exploring in detail what function the keyword *Territorians* has in the assisted dying debate. Its collocation profile, with the top 20 collocates divided into four categories, is presented in Table 4 (see Appendix 4 for the collocate list).

Table 4. The top 20 collocates of *Territorians*

Category	Collocates
Lack of rights	rights, right, same, decide, deserve, have, legislate, give, denied, back, make
Australian society	class, second, citizens, treating
Lawmakers	elected
Miscellaneous	statehood, said, Minister, lives

A concordance analysis revealed, first of all, that the keyword *Territorians* often occurs in the vicinity of a set of collocates referring to the lack of rights of Territorians (see the category *Lack of rights* in Table 4). The collocate *rights* is found almost exclusively where the rights of Territorians are discussed (22/23 cases [96%]). What is even more striking is that all 22 cases are related to the thematization of the *lack* of rights of Territorians. The rights of Territorians are sometimes explicitly contrasted with the rights of Australians living in states (5/22 cases [23%]), highlighting the unequal position of Territorians compared to Australians who are resident in states (Example 27). Among the other 17 cases, references to the earlier, more equal position of the territories before the intervention of the federal government in 1997 constitute another notable pattern (7/22 cases [32%]). This pattern centres around words like *restore* (“restore the rights of Territorians”), *give ... back* (“give Territorians their rights back”), and *remove*, exemplified by (28). The co-occurrence of the words *Territorians* and *same* is in every instance due to references to the territories not having the same right(s), privilege, or the like, as the states (10 occurrences; Example 29).

(27) "**Territorians** deserve the same **rights** as every other Australian," Mr Gunner said. (*Northern Territory News*, 10 August 2018)

(28) That Act destroyed the Northern Territory's Rights of the Terminally Ill Act and removed the **rights** of **Territorians** to have voluntary assisted dying laws debated and voted on in their democratically elected parliaments. (*Mercury*, Letters, 1 May 2018)

(29) "Voting for this bill doesn't mean there will be assisted dying in the ACT or NT. It will simply give **territorians** the **same** right to decide on it as all other Australians. People living in Canberra shouldn't be denied a right that people living on the other side of the border in Queanbeyan enjoy." (ACT Chief Minister Andrew Barr, *The Canberra Times*, 13 August 2018)

The concordance analysis also revealed that the keyword *Territorians* is often found in the vicinity of a set of collocates which refer to the (perceived) hierarchy of Australian society (see the category *Australian society*). There are a total of nine occurrences of the collocate *second* in the corpus. It always forms three-word clusters with the words *class* and *citizens/Australians*: "second-class citizens" and "second-class Australians". In five of the nine occurrences (56%), no one in particular is blamed for the unequal position of Territorians; the unequal position is instead seen as a fact, as demonstrated by the equative structure "Territorians are second-class citizens" in (30). In the remaining four cases (44%), the now former PM Malcolm Turnbull is criticized for (at least potentially) treating or viewing Territorians as second-class citizens/Australians (Example 31).⁸

(30) People love talking about equality these days. Marriage equality, gender equality, economic equality; so maybe it's time we had a discussion about the inequality that affects every person in the Northern Territory. In Australia, **Territorians** are **second-class** citizens. (*Northern Territory News*, 4 November 2017)

(31) NT Chief Minister Michael Gunner said the Prime Minister would be treating **Territorians** as "**second-class** Australians" if he blocked a lower house vote on the bill. (*The Australian* (Australian3 Edition), 13 August 2018)

Finally, the concordance analysis showed that *Territorians* tends to co-occur with the word *elected* (see the category *Lawmakers*). This collocation appears in the assisted dying debate when a speaker or writer emphasizes that Territorians have their own parliament and their own lawmakers who are elected by the Territorians themselves and who, consequently, should be responsible for decisions affecting the Territorians' lives (3/4 cases [75%]; Example 32).

⁸ The collocates *class*, *citizens*, and *treating* occur close to the collocate *second*, so that it was necessary to analyse only the concordance lines of the collocation *Territorians* + *second*.

(32) "You are being asked to return the decision-making to where it belongs - in the hands of people **elected** by and accountable to **Territorians**." (*The Australian* (Australian3 Edition), 9 August 2018)

It is clear from the above discussion and examples that the three sets of collocates identified (Lack of rights, Australian society, Lawmakers) evoke an image of Territorians having an inferior position in Australia. The word *Territorians* may, then, be said to display a negative discourse prosody of “inferior citizens”.

5.1.5 Death and Value-laden Terms

The fifth largest category (Death, 20 keywords) contains words to do with death in the context of the assisted dying debate, including *Nembutal* (the only proper name), which is the name of a euthanasia drug used by veterinary surgeons to put down sick animals, but which has also been used by many, especially terminally ill, proponents of assisted dying to end their own lives. Given that death is the main discussion topic in the euthanasia debate, it is logical to examine the keywords *dying*, *death*, and *die*. In addition, the negatively loaded keyword *killing* and the (perhaps surprisingly frequent) keyword *rational*, whose link with dying appears worth investigating, are subjected to collocational analysis.

The keyword *dying* collocates with words such as *assisted*, *voluntary*, *dignity*, *bill*, *laws*, *legislation*, *legalise*, and *proposed* (the top 10 collocates, Appendix 2). The last five collocates can be described as law-related vocabulary and point to the fact that there is a great deal of debate about legalizing assisted dying in the corpus. *Assisted* as a collocate of *dying* is self-explanatory given that “assisted dying” was one of the search terms used to build the corpus. Assisted dying is also often characterized as *voluntary*, appearing especially in the phrase “voluntary assisted dying” – hence the frequent co-occurrence of *dying* and *voluntary*. Of the top 10 collocates, *dignity* is worth exploring in more detail, as it is not only a collocate of *dying* but is also one of the keywords in the category *Value-laden terms*. Analysis of the concordance lines for the collocation *dying* + *dignity* reveals a representation of death as one that should occur with dignity. This is illustrated by (33), where the

writer of a letter to the editor, in arguing in favour of assisted dying, uses the phrase “dying with dignity”. This discourse, which may be called the discourse of dignity, in fact has two competing variants, one of them linking assisted dying and “dying with dignity” together (Example 33) and the other associating “dying with dignity” with palliative care. The latter variant (the pro-palliative care variant of the discourse of dignity) can be seen in (34).

(33) Each of us have the right to choose whether we believe in God or any other deity and whilst her [Mary Bates’, another letter writer’s] comments might express her personal opinion, for those who believe in **dying with dignity** at the end of life, that is our right. (*The Examiner*, Letters, 27 November 2016)

(34) **Dying with dignity** is not a new thing that those promoting euthanasia and assisted suicide have discovered. At Caritas Christi, in our provision of high-quality, person-centred palliative care, it has been a daily experience for tens of thousands of families for more than 75 years. (*The Age*, 17 November 2014)

After the proper names (e.g. “Dying with Dignity Victoria”, “Dying with Dignity Tasmania”) and other irrelevant hits (e.g. collocations across sentence boundaries) had been excluded, there were 236 co-occurrences of *dying* and *dignity* in the corpus. A concordance analysis showed that 204 of the 236 co-occurrences (86%) were due to the cluster *dying with dignity*, that is to say, the cluster *dying with dignity* appears 204 times in the corpus. Because of the high frequency of this cluster, it was considered important to analyse its strongest (top 10) collocates in order to get an overview of the function of the cluster in the assisted dying debate. The cluster was found to collocate with words like *legislation*, *bill*, *draft*, *laws*, *term*, and *euphemism* (Appendix 2). In the corpus, it appears mostly without quotation marks and as a premodifier of *legislation/bill/laws* (*legislation*: 16/20 cases; *bill*: 13/19 cases; *laws*: 11/13 cases). The collocation *dying with dignity* + *legislation/bill/laws* is found in pro-euthanasia opinion pieces, where the cluster *dying with dignity* signals a positive stance on assisted dying, as in (35), where “the dying with dignity Bill” refers to the Voluntary Assisted Dying Bill 2016 (Tasmania), or in (36), where the Voluntary Assisted Dying Bill 2017 (Victoria) is discussed. Importantly, the collocation *dying with dignity* + *legislation/bill/laws* is also often found in news reports, which are supposed to be written from a “neutral” perspective. Examples illustrating

this include (37), which refers to the situation in Tasmania in 2012, and (38), which concerns the situation in Victoria in 2016. Based on such examples as (37) and (38), then, it may be argued that the news coverage of proposed assisted dying legislation has not been completely neutral, or at least it appears to have favoured the assisted dying cause, as a link has frequently been made between assisted dying and dying with dignity. In using the wording *dying with dignity legislation/bill/laws* rather than, for example, *assisted dying/euthanasia legislation/bill/laws*, Australian newspapers appear to have suggested to their readerships that assisted dying is a *dignified* way of dying, while other forms perhaps are not.

(35) FOR the third time the **dying with dignity Bill** has failed to be passed in parliament, thanks to a gutless, weak and inefficient Liberal Government. (*Mercury*, Letters, 26 May 2017)

(36) The majority of Victorians are in favour of **dying with dignity legislation**, and their voices must be heard. If you are against the legislation and it becomes law, don't request it when you are faced with an incurable illness or are in constant pain. (*The Age*, Letters, 13 October 2017)

(37) It is now likely that a discussion paper on proposed **dying with dignity laws** will be released early next year. (*The Examiner*, 17 December 2012)

(38) Unprecedented **dying with dignity laws** could pass the Victorian Parliament with support growing across all sides of politics for assisted dying legislation. (*The Age*, 26 September 2016)

A concordance analysis of the collocation *dying + dignity* revealed that there has been metalinguistic discussion about the phrase *dying with dignity*. In fact, criticism has frequently been expressed about the usage of this phrase. Such criticism was found to be associated with the collocates *term* and *euphemism* of the cluster *dying with dignity*. In Example 39, the writer describes the term *dying with dignity* as having been “hijack[ed]” by supporters of assisted dying, whereas in (40), *dying with dignity* is labelled as a “dishonest euphemism”.

(39) The hijacking of the **term "dying with dignity"** by today's supporters of euthanasia and assisted suicide is an insult to the dedicated doctors, nurses and pastoral carers who daily provide compassionate care, pain alleviation and spiritual comfort to the sick, the dying and their families. (*The Age*, 17 November 2014)

(40) Rather than buying into the dishonest **euphemism** of "**dying with dignity**", we would do better - and be more human - by dignifying the lives of the dying. (*The Daily Telegraph*, 11 November 2015)

Turning now to the keyword *death*, it tends to co-occur, among others, with *assisted* (strongest collocate), *peaceful*, *dignified*, *hasten*, and *dignity* (top 10 collocates, Appendix 2). *Assisted* as a collocate of *death* is self-explanatory given that “assisted death” was one of the search terms used to compile the corpus. It was decided to focus on the collocates *peaceful*, *dignified*, and *dignity*, as these are not only some of the strongest collocates of *death* but also among the top 200 keywords. The adjective collocate *peaceful* almost always functions as a premodifier of *death* (93/102 cases [91%]). This description of death as *peaceful* is strongly associated with the issue of assisted dying (85/102 cases [83%]) and is hardly ever found when palliative care is discussed. Example 41, an extract from an opinion piece by Sarah Edelman, vice-president of Dying with Dignity NSW, illustrates the fact that euthanasia supporters tend to represent an assisted death as *peaceful*. It is also noteworthy that the portrayals of death as *peaceful* can often be traced back to the euthanasia advocate Nitschke, who supports a radical form of euthanasia, one which would be available to everyone “of sound mind” (42). Thus, there are competing forms of euthanasia – notably, one proposed by Nitschke and one which would only be available in circumstances of extreme suffering – that are articulated in connection with the collocation *death + peaceful*. As for the collocate *dignified*, it nearly always appears as a premodifier of *death* (84/90 cases [93%]; Example 43). The collocate *dignity*, in turn, is part of the cluster *death with dignity* in over half of the occurrences of the collocation *death + dignity* (49/88 cases [56%]; Example 44). Based on the collocations *death + dignified* and *death + dignity*, it is clear that the discourse of dignity is again at work here and is primarily associated with a pro-assisted dying stance, as demonstrated by (43) and (44).

(41) And if politicians are not prepared to listen, then it is up to us to keep reminding them our current laws are inhumane and do not reflect the values of most Australians. When suffering is intolerable and unrelievable, a **peaceful death** at the time of one's choosing should be a basic human right. (*The Sydney Morning Herald*, 3 October 2013)

(42) "Every person of sound mind should have the option of a **peaceful death** and it should not be up to others to assess or judge," he [Nitschke] said. (*The Advertiser*, 17 November 2013)

(43) All Australian states need proper legislation to allow those terminally ill a **dignified death**. (*Cairns Sun*, Letters, 10 November 2015)

(44) Too many people have missed out on **death with dignity** already - we owe this legislation [voluntary assisted dying legislation] to them. (*The Daily Telegraph*, 27 October 2017)

The keyword *die* is frequently found in the vicinity of words like *right* (strongest collocate), *dignity*, *help*, and *choose* (top 10 collocates, Appendix 2). Of the top 10 collocates, *right*, *dignity*, and *choose*, which are also keywords, were found to be associated with specific discourses around dying, which is why they were selected for closer investigation. Taking the collocate *dignity* first, it appears very frequently as part of the cluster *die with dignity* (140/164 cases [85%]). A concordance analysis shows that the collocation *die + dignity* is used to access the discourse of dignity, primarily to express support for legalizing assisted dying, as in (45), where an Australian politician, Kyam Maher, tells about his mother Viv, who he says died without dignity. The strongest collocate of the keyword *die*, i.e. *right*, occurs mainly as part of the cluster *right to die* (344/389 cases [88%]). Based on the concordance lines, it is clear that the collocation *die + right* serves to represent dying as a right. It can, then, be said that representations of dying as a right are manifestations of a specific discourse – a discourse which may be termed the ‘dying as a right’ discourse, exemplified by (46).

(45) Viv lived her own life with great dignity. She ought to have been able to **die with dignity**. (*The Advertiser*, 1 December 2017)

(46) Mr Leyonhjelm, who will propose a private bill, said it was fundamentally wrong for governments to deny the **right to die** at the time of a person's choosing. (*Northern Territory News*, 18 October 2015)

Given the high frequency of the cluster *right to die*, it was deemed important to examine what words it tends to co-occur with. Among its top 10 collocates are *dignity*, *laws*, and *legislation* (Appendix 2). The collocation *right to die + dignity* very often takes the form *right to die with dignity* (42/47 cases [89%]). The cluster *right to die with dignity* mostly serves to advance the assisted dying cause. What is interesting about this cluster is that it combines two discourses: it carries the idea that dying is a right (the ‘dying as a right’ discourse) and that dying should take place with dignity (the discourse of dignity), as illustrated by (47). As for the collocates *laws* and *legislation*, it was found that they always appear immediately after the cluster *right to die*, which serves as their premodifier

in the phrases *right-to-die laws* (21 cases) and *right-to-die legislation* (17 cases). Surprisingly, it is mainly journalists themselves who use the phrases *right-to-die laws* (19/21 cases [90%]) and *right-to-die legislation* (13/17 cases [76%]) – which always appear without quotation marks – which means that journalists, too, participated in presenting dying as a right and, in so doing, arguably use more emotionally laden expressions than *euthanasia laws/legislation* or *assisted dying laws/legislation* would be (Example 48).

(47) Religion must not be a part of this debate. To those who'd never consider voluntary euthanasia - great, but don't impose your beliefs on others who want the **right to die with dignity**, at a time of their choosing because their pain and suffering is intolerable. (*The Advertiser*, Letters, 20 March 2016)

(48) THE chances euthanasia could be legal in Tasmania by December appear slim, with the numbers in State Parliament likely to be against the fresh push for **right-to-die laws**. (*Mercury*, 16 March 2013)

Finally, *choose*, as a collocate of *die* (72 cases), indexes a discourse which will be called the discourse of personal autonomy.⁹ This discourse constructs dying as the result of independent decision-making, as is the case in (49), where *choose* is a lexical trace left by the discourse. The discourse of personal autonomy sometimes merges with the ‘dying as a right’ discourse, in the form of the cluster *right to choose to die* (11 out of the 72 cases [15%] when *choose* is a collocate of *die*). This cluster conveys the idea that dying is both a right and the result of personal decision-making (50).

(49) IF people can choose to smoke and drink, the terminally ill should be able to **choose** when to **die**. (*Illawarra Mercury*, 16 October 2014)

(50) He [the writer's partner] lived a good and full life after coming here as a refugee from Austria via Shanghai. He deserved the **right to choose to die** in his own timing. (*The Age*, Letters, 22 September 2017)

Moving on to the keyword *killing* now, it is often found in the vicinity of such words as *mercy* (strongest collocate), *sanctioned*, *state*, *legalise*, and *euthanasia*, which belong to its top 10 collocates

⁹ The name of the discourse is adapted from Van Brussel (2014: 24), who speaks of “the discourse of autonomy”. Here, the addition of the word *personal* is meant to emphasize that the decision to die is made independently of other people.

(Appendix 2). Of the top 10 collocates, *mercy*, *sanctioned*, and *state* can be traced back to specific discourses of death, which is why they were explored in more detail. With the help of the strongest collocate *mercy*, (assisted) dying is constructed as based on feelings of compassion or mercy, so that it can be said that the collocation *killing + mercy* is used to access a discourse which may be called the discourse of mercy-driven killing. *Mercy* invariably functions as a premodifier of *killing*, and the cluster *mercy killing* appears 52 times in the corpus. *Mercy killing* is for the most part linked with a negative view of assisted dying (36/52 cases [69%]), and only once does it coincide with a pro-assisted dying stance. The tendency for the term *mercy killing* to be used by opponents of assisted dying is illustrated by (51). The collocates *sanctioned* and *state*, in turn, have the function of portraying (assisted) dying as driven by the state, and the underlying discourse can be called the discourse of state-driven killing. The words *state*, *sanctioned*, and *killing* often combine to form the cluster *state-sanctioned killing*. In fact, 15 of the 31 occurrences of the collocation *killing + state* (48%) are because of that cluster, so whenever *killing* and *state* appear close to each other in the assisted dying debate, it is fairly probable that they are part of the cluster *state-sanctioned killing*. As one might expect, the majority of the co-occurrences of *killing* and *state* are unambiguously linked with an anti-assisted dying attitude (24/31 cases [77%]), one prominent example of this being (52), where the cluster *state-sanctioned killing* can be traced back to a Catholic archbishop.

(51) Authorising **mercy killing** would inevitably, perhaps sub-consciously, alter the way modern society regards life and death. It has the capacity to change our values, lower our standards. (*The Advertiser*, 17 October 2016)

(52) "International evidence demonstrates that if the principle of **state-sanctioned killing** were to be agreed, the risk of abuse could not be contained and pressure to widen the scope would follow inevitably." (Catholic Archbishop of Hobart Adrian Doyle, *Mercury*, 16 March 2013)

The keyword *rational* has a tendency to co-occur with words like *suicide* (strongest collocate), *decision*, *make*, and *case* (Appendix 2). Of the top 10 collocates, *suicide* and *decision* have an important function in the euthanasia debate in that they contribute to the representation of dying as a rational act. It can be said that the collocations *rational + suicide* and *rational + decision* serve to

construct a discourse which will here be termed the discourse of rationality. In (53), for instance, the deaths of two Australians, Patricia and Peter Shaw, are depicted as rational. When the words *rational* and *suicide*, or *rational* and *decision*, appear close to each other, they tend to form two-word clusters, *rational suicide* and *rational decision*, with the keyword *rational* premodifying the word *suicide* or *decision*. Of the 91 instances of the collocation *rational* + *suicide*, as many as 70 (77%) are due to the cluster *rational suicide*, whilst the second cluster, *rational decision*, is found 21 times among the 27 occurrences of the collocation *rational* + *decision* (78%). The discourse of rationality thus manifests itself particularly in the form of the clusters *rational suicide* and *rational decision*. In Example 54, the death of a non-terminally ill woman, Beverley Broadbent, is given the label “rational suicide” by the journalist, whereas in Example 55, the writer, a secondary school teacher, touches on a potential scenario where his death occurs as the result of his “rational decision”.

(53) Today the Shaw sisters are still coming to terms with the loss of both parents. They miss their wit and warmth. But they respect their choice and feel strongly that **suicide** can be **rational**. (*Illawarra Mercury*, 15 January 2016)

(54) When Brighton woman Beverley Broadbent allowed *The Age* to chronicle her journey towards so-called **rational suicide** last year, I felt uncomfortable reading of it. (*The Age*, 22 November 2014)

(55) Closer to home, I have the support of family who will be by my side if the situation arises where I make the **rational decision** to die. (*Herald Sun*, 16 July 2014)

As the above analysis shows, there are strong links between the keywords in the category of Death and the emotive keywords in the category of Value-laden terms. Notably, the discourse of dignity and the ‘dying as a right’ discourse show the links between the keywords *die/dying/death* and the keywords *dignity/dignified/right*. As the functions of the keywords *dignity*, *dignified*, and *right* were already discussed above in connection with the keywords denoting death (*die*, *dying*, *death*), the collocates of *dignity*, *dignified*, and *right* will not analysed separately.

5.1.6 Choice

The next semantic category to be explored is that of Choice, which comprises three keywords: *choice*, *choose*, and *option*. The fact that these three lexical items are keywords in the corpus shows that the notion of choice is a central part of the assisted dying debate. Starting with the keyword *choose*, it was found to collocate with words such as *right* (strongest collocate), *timing*, *death*, *have*, *manner*, and *life* (see Appendix 2 for the top 10 collocates). When the keyword *choose* and *right* appear close to each other in the corpus, this very frequently involves a representation of death as a right with an emphasis on people's decision-making capacity (150/170 cases [88%]). Based on the concordance lines for the collocation *choose* + *right*, it is evident that the 'dying as a right' discourse and the discourse of personal autonomy are very often combined in the euthanasia debate, as illustrated by (63). The collocation *choose* + *right* appears mostly as the cluster *right to choose* (155/170 cases [91%]). With the irrelevant cases removed (e.g. "a woman's right to choose [an abortion]"), 136 instances of the cluster *right to choose* involve the representation of death as a right with an emphasis on people's decision-making capacity ([88%]; Example 64). As this cluster plays such an important role in the assisted dying debate, it was considered important to compute its collocates. The strongest and also most frequent collocate of *right to choose* was found to be *have* (Appendix 2). The cluster *right to choose* and its collocate *have* often combine to form an even longer cluster, *have the right to choose* (22 instances), as shown by (65). What is noteworthy about this five-word cluster is that it is frequently preceded by the modal *should* (*should have the right to choose*: 14 of the 22 instances [64%]). The use of *should* (right before the cluster *have the right to choose*) has the effect of focusing attention on the fact that Australians do not yet have the right (more precisely, the legal right) to choose death, as demonstrated by Example 66.

(63) Again an element of our society will make loud noises to block the **right** of people to **choose** a dignified death if they wish to. (*Mercury*, Letters, 16 February 2013)

(64) It's time we grew up and engaged in mature discussions about what we're so afraid of and stop denying the terminally ill the **right to choose** a dignified death. (*The Courier-Mail*, 13 October 2014)

(65) Go Gentle Australia, spearheaded by Andrew Denton, advocates for the terminally ill to **have the right to choose** euthanasia as part of a palliative care framework and are supported by public polling, which has found overwhelming support for assisted dying at end of life. (*The Sydney Morning Herald*, 16 January 2017)

(66) EVERYONE *should* **have the right to choose** an end to their suffering, regardless of the cause. (*The Advertiser*, Letters, 21 October 2016)

In addition to the strongest collocate *right*, the noun collocates *timing* and *manner* are key to understanding how the keyword *choose* is used in the debate. *Choose* always precedes its collocates *timing* and *manner*, which refer to the time and the circumstances of death, respectively (Example 67). They often appear in the same sentence, as in (68). Given that *timing* and *manner* are among the top collocates of the keyword *choose*, it can be concluded that references to choosing the *timing* and *manner* of death are a typical feature of the assisted dying debate. In other words, it is not only the ability to choose death that is debated, but also the ability to independently determine the “when” and “how” of dying.

(67) At the end of the day, I may change my mind, but give me the option to **choose** the **manner** of my passing. (*The Examiner*, Letters, 25 September 2015)

(68) The push to give terminally ill people the ability to **choose** the **timing** and **manner** of their death intensified in June, when Mr O'Donohue's Legal and Social Issues Committee handed down a report that the Andrews government must respond to by the end of the year. (*The Sunday Age*, 18 September 2016)

The top 10 collocates of the keyword *choice* include *have* (strongest collocate), *life*, *freedom*, *dying*, *make*, and *give* (see Appendix 2). The collocations *choice* + *have/freedom/make/give* are frequently used to access the discourse of personal autonomy. In the case of the collocation *choice* + *have* (frequency: 130), this discourse quite often manifests itself in the form of the cluster *have a choice* (22 instances [17%]) or *have the choice* (20 instances [15%]), as in Example 69. The collocation *choice* + *freedom* (frequency: 32), in turn, is almost completely due to references to *freedom of choice* (26 instances [81%]) in the euthanasia debate (Example 70). When *choice* and *make* co-occur in the debate (frequency: 58), this is almost always when there is discussion about making a choice about ending one's life. The collocation very frequently takes the form *make ...*

choice, where ... stands for one or more words (e.g. “a”, “their own”), as in (71). The collocation *choice* + *give* (frequency: 35), in turn, can be traced back to discussion about giving people the choice to end their lives (Example 72). The relational process *have* ... *choice* and the cognitive process *make* ... *choice* construct the decision-making process from the perspective of the individual – i.e. it is the individual who is said to have or make a choice regarding their death – whilst the material process *give X a choice* constructs the decision-making process from the perspective of society (jurisdiction), which allows the individual to make a certain choice. Considering that *have* and *make* are stronger collocates of *choice* than *give*, it can be said that the top 10 collocates of *choice* (verb collocates) emphasize the experience of the individual in the debate. Society is thus represented as less important than the individual in connection with the keyword *choice*.

(69) When a person is terminal and the doctors cannot do any more for them, I think every human should **have** the **choice** to end their own suffering by way of an injection. (*Geelong Advertiser*, Letters, 13 June 2014)

(70) However, for those people, no matter how small in number, for whom palliative care is not appropriate or not desired, there needs to be an alternative so that **freedom of choice** can be exercised at the end of life. (*The Sydney Morning Herald*, Letters, 11 November 2015)

(71) Please have the courtesy of allowing others with a different point of view the chance to **make a choice** legally. That is all we are asking. We will not force euthanasia on you, please reciprocate. (*The Examiner*, Letters, 2 January 2017)

(72) "But we also need to **give** people the **choice** to end their life with some dignity and that's what the dying-with-dignity legislation does," he [Senator Di Natale] said. (*The Australian*, 28 June 2016)

The keyword *option* collocates with *euthanasia*, *have*, *assisted*, *dying*, *take*, and *choose* (see Appendix 2). Of the top 10 collocates, *have*, *take*, and *choose* have an important function in the assisted dying debate, as they are part of the discourse of personal autonomy – just like *have*, *freedom*, *make*, and *give* (as collocates of *choice*), as was discussed above. The words *option* and *have* co-occur (frequency: 53) especially when there is discussion about *having* the *option* to end one's life. This idea is often expressed with the cluster *have the option* (20 instances [38%]), as demonstrated by (73). The collocation *option* + *take* (frequency: 20), in turn, is mostly used to talk about *taking* a

specific *option* regarding one's death, esp. that of assisted dying, as in Example 74. Finally, the collocation *option* + *choose* (frequency: 14) refers primarily to choosing a particular option regarding one's death, as illustrated by (75).

(73) When the time comes, those who prefer a quick, peaceful death over a lingering one should **have the option** of doctor-assisted suicide. (*The Canberra Times*, 30 July 2013)

(74) Although few will **take up the option** of voluntary euthanasia, if the Bill is passed, the peace of mind given to hundreds, if not thousands of terminal sufferers will be inestimable. (*Mercury*, Letters, 14 October 2013)

(75) Don't believe in VAD [voluntary assisted dying]? Don't **choose** that **option**, but allow those who do to embrace a way to die with dignity and not endure weeks of pain-filled days. (*The Courier-Mail*, Letters, 6 September 2018)

Like the collocation profile of the keyword *choice*, the collocation profile of *option* – specifically the verb collocates *have*, *take*, and *choose* – reflects the individual-centred aspect of the assisted dying debate.

5.1.7 Problems

The semantic category of Problems comprises two keywords, *slippery* and *burden*. The keyword *slippery* tends to co-occur with lexical items such as *slope* (strongest collocate), *slopes*, *argument*, *arguments*, *lead*, and *evidence* (see Appendix 2 for the top 10 collocates). It has a frequency of 177 in the corpus. *Slippery* almost always functions as a premodifier of *slope* or *slopes*, with the cluster *slippery slope* occurring 163 times (92%) and the cluster *slippery slopes* six times (3%). The slippery slope metaphor is used to refer to the idea that legalizing assisted dying will have harmful consequences: the legal requirements for who can access the scheme will not be observed and/or the assisted dying legislation will be extended to non-terminally ill people over time. Using CDA terminology, it can be said that the collocation *slippery* + *slope(s)* indexes a discourse which constructs assisted dying as a slippery slope. This discourse will be termed the slippery slope discourse.

Based on the concordance lines for *slippery + slope / slippery + slopes*, it is clear that the slippery slope discourse is not without controversy, with proponents of assisted dying rejecting the notion of the slippery slope and opponents arguing for it. Examples 76 and 77 illustrate the controversial nature of this discourse. The extracts are from letters sent in response to an opinion piece by Paul Kelly, editor-at-large of *The Australian*, and reveal opposing views, with the writer in (76) convinced that a slippery slope will result if assisted dying is legalized and the writer in (77) dismissing the notion of the slippery slope. The collocates *argument* and *arguments* are mostly due to references to *slippery slope argument(s)* (*slippery slope argument*: 16 instances; *slippery slope arguments*: 8 instances). The noun *argument(s)* marks *slippery slope* as a reason for opposing assisted dying, and *slippery slope argument(s)* is frequently accompanied by an evaluation of the argument, as in (78), where the argument is depicted by an anti-assisted dying writer as “real”. The collocate *evidence*, in turn, is for the most part associated with a pro-euthanasia stance (6/8 cases [75%]): it is mainly found in contexts where doubts are expressed about the evidence of the slippery slope, as in (79). This finding obviously does not tell anything about how often opponents of euthanasia provide evidence for their slippery slope theory in the assisted dying debate, but it does show that the collocation *slippery + evidence* is predominantly used to repudiate the slippery slope discourse, not defend it.

(76) The key point Kelly makes is that the proponents of euthanasia deny the slippery slope phenomenon. Of course there will be a **slippery slope** if voluntary euthanasia gets the nod as seems to be the case in Victoria. (*The Australian*, Letters, 4 October 2016)

(77) The usual opponents of voluntary euthanasia apply fresh coats of oil and blatant untruths to their fearful "**slippery slopes**". (*The Age*, Letters, 19 November 2016)

(78) PROPONENTS of physician-assisted suicide like to portray the "**slippery slope**" **argument** against legislating this practice as a fantasy, but it is real. (*Herald Sun*, Letters, 3 October 2017)

(79) In countries where a law has been in place, death rates attributed to voluntary euthanasia have remained stable at about 4 per cent, so there is no practical **evidence** of the feared "**slippery slope**". (*The West Australian*, 25 August 2016)

The keyword *burden* is typically found with words like *feel* (strongest collocate), *family*, *being*, *become*, *society*, *feeling*, and *friends* (see Appendix 2 for the top 10 collocates). The collocates *feel*, *being*, *become*, and *feeling* are connected with patients' and vulnerable people's feeling of being a burden on other people. When *feel* functions as a collocate of the keyword *burden*, it often appears in specific clusters: *feel a burden* (6 instances), *feel like a burden* (9 instances), and *feel (that) they are a burden* (13 instances). The collocation *burden + being*, in turn, is primarily due to the cluster *being a burden* (21 instances), whereas the collocation *burden + become* mostly takes the form of the cluster *become a burden* (9 instances), and the collocation *burden + feeling* often appears in the cluster *feeling like a burden* (4 instances). These four collocations are illustrated in (80–83), which show that the concept of burden is used to argue against passing assisted dying laws. The keyword *burden*, together with its collocates, points to a discourse which can be called the discourse of dependence. It is a discourse which constructs the perception of being a burden as leading to euthanasia. The dying process thus comes to be seen as a burden on other people. The notion of being a burden is frequently represented through the eyes of sick (or otherwise vulnerable) people: the collocates *feel* and *feeling*, which are mental processes, are used to achieve this effect (Examples 80 and 83), as are lexical items like “sense” (81) and “believed” (82) appearing close to the keyword *burden*.

(80) Critics in both states worry any sort of euthanasia provision will be used by patients who don't really want to die, but **feel** they are a **burden** on the family. (*Herald Sun*, 14 October 2017)

(81) But the very need for those safeguards confirms reason for concern. Family duress, real or imagined; a *sense* by the elderly or ill of **being a burden**; depression resulting from terminal illness, could lead to wrong, premature and irreversible decisions. (*Herald Sun*, 23 September 2017)

(82) He [Former ACT chief minister Jon Stanhope] backed everything Mr Keating said on the issue, saying experience elsewhere in the world showed people would agree to be killed because of pressure from others, because they were not receiving appropriate care or because they *believed* they had **become a burden**. (*The Canberra Times*, 25 October 2017)

(83) "Elderly people can be coerced into **feeling** they are a **burden** on their family and their friends and the medical staff at hospital - and hospitals have other agendas, don't they? They

want to free up beds and minimise the money spent on people," she [Katrina Haller] said. (*The Age*, 2 April 2013)

(84) [W]e don't want to engender a culture that devalues the lives of the infirm, elderly, disabled or the clinically depressed. A culture where "mercy killings" become the expected outcome for those considered a **burden** on **society**. (*Herald Sun*, 7 October 2013)

The collocates *family*, *society*, and *friends* indicate on whom the burden is said to fall. Whenever the word *family*, *society*, or *friends* occurs in the vicinity of the keyword *burden* in the debate, this is almost always because the burden is presented as falling on the shoulders of the *family* (36 out of the 38 occurrences of the collocation [95%]), *friends* (10 out of the 10 occurrences of the collocation [100%]), or *society* at large (13 out of the 14 occurrences of the collocation [93%]). To give a few examples, in (80) the burden is said to fall upon the *family*, in (83) upon *family* and *friends*, and in (84) upon *society* as a whole.

5.1.8 Religion

The category of Religion contains two keywords: *Catholic* and *religious*. The keyword *Catholic* collocates with such words as *church* (strongest collocate), *archbishop*, *archdiocese*, *priest*, *bishops*, and *episcopal*. The collocation profile of the keyword (see Appendix 2) reveals that *Catholic* is most strongly connected with the word *church*, and this is, for the most part, due to references to "Catholic Church". There are no discernible trends involving *Catholic Church* in the corpus, but it is obviously a major force opposing assisted dying in the debate. Based on concordance analysis, the Catholic Church has been active and not stood by when there have been attempts to pass euthanasia laws in Australia (Example 85). Its actions have prompted reactions from euthanasia advocates, including the TV host Andrew Denton in (86), which further points to its active role over the course of the debate. The Catholic Church has also attracted fierce criticism from pro-euthanasia members of the public who have drawn attention to events which have damaged its moral authority, e.g. child abuse in (87). *Archbishop*, *archdiocese*, *priest*, *bishops*, and *episcopal*, as collocates of *Catholic*, reflect the

fact that different members of the Catholic clergy have participated in the assisted dying debate, especially as opinion-formers, like Canberra's Catholic archbishop in (88).

(85) The **Catholic Church** has mobilised a grassroots campaign against voluntary assisted dying laws in NSW, with parishioners, school staff and parents urged to petition politicians weeks before a bill goes before state parliament. (*The Canberra Times*, 21 August 2017)

(86) In an address to the National Press Club in Canberra, Denton warned that nothing had changed since the defeat of the euthanasia laws in 1997 and accused the **Catholic Church** of running a campaign against change based on "fear, uncertainty and doubt". (*The Australian* (Australian2 Edition), 11 August 2016)

(87) Considering the appalling record of child abuse by the **Catholic Church**, it is presumptive of it to try to influence our decisions about same-sex marriage and euthanasia. (*The Sydney Morning Herald*, Letters, 22 August 2017)

(88) Canberra's **Catholic archbishop** Christopher Prowse told the committee assisted dying was an "ill-considered and dehumanising" practice, ... (*The Canberra Times*, 30 May 2018)

The top 10 collocates of the keyword *religious* (see Appendix 2) include *groups* (strongest collocate), *belief/beliefs*, *conviction/convictions*, *faith*, and *grounds*. When the words *religious* and *belief* co-occur, they always combine to form *religious belief*. In a similar vein, the collocates *beliefs*, *convictions*, and *grounds* almost always occur as part of the clusters *religious beliefs*, *religious convictions*, and *religious grounds*. A major trend in the corpus is that the collocates *belief*, *beliefs*, *convictions*, and *grounds* are frequently associated with supporters of euthanasia. The collocations *religious + belief(s)/convictions/grounds* are namely used in expressing criticism of the role that religion has played or plays with regard to legalization of euthanasia. The exact figures for how often a given collocation is associated with this kind of criticism are as follows: 9 out of the 21 occurrences of the collocation *religious + belief* (43%); 26 out of 48 cases for *religious + beliefs* (54%); 4 out of 6 cases for *religious + convictions* (67%); and 5 out of 16 cases for *religious + grounds* (31%). Those in favour of assisted dying take issue, for example, with opponents *imposing* their beliefs on all Australians, as illustrated by (89) and (90). In (91), the writer paints a picture of the Northern Territory as a hostage – a situation brought about by Kevin Andrews' "religious convictions". Close reading reveals that, ultimately, the frustration felt by supporters of assisted dying about the lack of progress

is not directed at religious people in general, but more specifically at religious Australian politicians, as it is their religious views that stand in the way of euthanasia laws despite the majority community support for them (Example 92).

(89) I wish Dr Peter Hudson ('Assisted suicide is never simple', *The Sunday Age*, 8/10) would just say very plainly he is against the legal choice of voluntary assisted dying. The truth is, it is his **religious belief** that drives his opposition, to which he is entitled, but don't *impose* it on others such as myself who have the intelligence and autonomy to make their own end of life choice. (*The Sunday Age*, Letters, 15 October 2017)

(90) Senator Seselja, Liberal MP Kevin Andrews (whose 1997 bill nullified the Northern Territory's euthanasia law and torpedoed the ACT's hopes of introducing a similar law) and others of the religious right in the Coalition seem to think that they have the right - and the duty - to *impose* their **religious beliefs** on the whole of society. (*The Canberra Times*, Letters, 17 August 2018)

(91) It's hard to imagine why the staunchly Catholic Southerner [Kevin Andrews] thought it his place to mess with the Territory's laws but the upshot is Mr Andrews' faith and associated opposition to people making their own choices about their lives means an entire population has been held to ransom to [sic] by one person's **religious convictions**. (*Northern Territory News*, 18 October 2015)

(92) When Cate Faehrmann's bill on voluntary euthanasia is put to the vote all politicians need to put their **religious beliefs** in their back pockets. Their conscience vote should reflect the consciences and opinions of the majority within the electorates they represent. (*The Sydney Morning Herald*, Letters, 19 March 2013)

When the concordance lines of the keyword *religious* were sorted by the word following the keyword (R1) and the clusters were looked through, it emerged that supporters of assisted dying referenced the power of religious teachings in opposing assisted dying during the euthanasia debate. Such word combinations as *religious doctrine(s)* (2 cases), *religious indoctrination* (1 case), and *religious dogma* (5 cases) – which are part of the language used by proponents of euthanasia – clearly reveal euthanasia supporters' concern about the influence which religion, with its teachings, has on the debate (Examples 93 and 94).

(93) Australia's Parliaments are secular, yet when casting a conscience vote politicians need consider nothing but the **religious doctrine** of the church to which they belong or their own ambitions. This is legal. It is also outrageous. (*The Advertiser*, Letters, 21 November 2016)

(94) "We're not free under current law when it comes to choice at end of life for terminally ill, partly due to **religious dogma**." (terminally ill Peter Short, *The Age*, 6 September 2018)

(95) I'm hitting the bottom of the barrel today. Got to hang up guys, thank you all, and may Kevin Andrews and all **religious extremists** rot in my hell. (from a Facebook post by John Baylis, a motor neurone disease sufferer, *Northern Territory News*, 14 November 2015)

(96) The last person I would want to see at the end of my bed would be a **religious ideologue**. (*The Age*, Letters, 14 May 2014)

Finally, references to *religious extremists* (2 cases), *religious fanaticism* (2 cases), *religious ideologue(s)* (2 cases), and *religious zealots* (1 case), with their negative connotations, show that supporters of euthanasia perceive some of their opponents as embodying unreasonable, extreme forms of religion (Examples 95 and 96).

5.2 Processes and Participant Roles

This section examines how the social actors *doctors* and *Nitschke* are represented in the assisted dying debate. The SFL-based analysis starts from *doctors* (Section 5.2.1) and then moves on to *Nitschke* (Section 5.2.2).

5.2.1 The Social Actor *doctors*

There are 39 relevant instances of *doctors* as a participant (Actor: 37 instances (Example 97) / Initiator: 2 instances (Example 98)) in the material process of killing in the corpus (see Appendix 5 for the collocate list). In the vast majority of cases (36 cases [92%]), the portrayal of doctors as killers can be traced back to opponents of assisted dying, that is to say, the collocation *doctors* + *kill* almost always indexes an anti-euthanasia stance, as is the case in (97). When that is not the case, the collocation may appear when a pro-euthanasia writer rejects the anti-euthanasia position: in (99), for example, the writer of the letter to the editor rejects the anti-euthanasia position by negating the clause where the collocation appears, and also criticizes religions for holding patients hostage and, consequently, making them suffer.

(97) Laws permitting **doctors** to **kill** their patients would tell society that taking one's life is a legitimate response - when suicide is already at alarming levels, especially among the young. (*The Advertiser*, Letters, 19 April 2016)

(98) SOUTH Australia's MPs have wisely voted to defeat the euthanasia Bill that proposed to make it legal for **doctors** to help their patients **kill** themselves and, worse, to legalise doctors killing patients incapable of committing suicide. (*The Advertiser*, Letters, 21 November 2016)

(99) **Doctors** do not "**kill**" their patients through euthanasia, they "set them free", unlike some religions that keep "prisoners of pain". (*The Examiner*, Letters, 17 August 2015)

Of the 39 cases where doctors are presented as killers, only eight (21%) are rejected, as in the above example 99 – the rest are left unchallenged. This means that the link between doctors and the negatively loaded material process verb *kill* is strong, and that the view that assisted dying is tantamount to killing by doctors is widely circulated over the course of the assisted dying debate.

It is unsurprising that pro-life organizations, such as The Right to Life Association of SA and Real Dignity Tasmania, are among the opponents of assisted dying and view assisted dying as the killing of people by doctors. As Example 100 shows, an independent MP, Bob Such, drew the ire of The Right to Life Association of SA because of his pro-euthanasia stance. The electoral material of The Right to Life Association of SA was aimed at discrediting MP Bob Such, who is depicted as "death" in the material, and at propagating the view that euthanasia equals "kill[ing] off" a group of people. In the same vein, in (101) Dr Nick Cooling, of Real Dignity Tasmania, establishes a link between doctors and legal killing.

(100) The Right to Life Association of SA is targeting Dr Such over his long-standing support for voluntary euthanasia and has accused him in mailbox drops of supporting "legalised killing".

"In 1880, Ned Kelly's last words were 'Such is life'. In 2014, Such is death," the material says.

It also accused him of wanting to allow "euthanasia to be carried out in secret" and allow "one group of human beings, ie **doctors**, to **kill** off another group of human beings". (*The Advertiser*, 5 March 2014)

(101) The consequences [of legalizing euthanasia] for the wider community include: altering the trust in the doctor-patient relationship; promoting a sense of reduced worth if you are eligible for euthanasia; and placing more power in the hands of **doctors** allowing them to legally **kill**. (*Mercury*, 3 October 2013)

Close reading revealed, however, that the representations of doctors as killers were not limited to pro-life organizations, but that the Australian Medical Association (AMA) and Palliative Care

Victoria, too – organizations which one would expect to make their cases based on facts and avoid emotive language – portrayed assisted dying as killing, as demonstrated by Examples 102 and 103. While Palliative Care Victoria was reluctant to reveal its view on Victoria's proposed assisted dying legislation in public, its stand on assisted dying is evident from its submission to the Victorian parliamentary inquiry into end-of-life choices, as Example 103 shows.

(102) Dr Davis [AMA's Tasmanian president] said the proposed law would: "put simply, allow **doctors** to legally and intentionally **kill** their terminally ill patients on request". (*The Examiner*, 19 March 2013)

(103) Palliative Care Victoria are not commenting publicly on the proposed euthanasia laws. But the body's submission to the inquiry is clear: "It is imperative we do not cross the ethical barrier and allow **doctors** to **kill** patients." (*The Age*, 7 October 2017)

Upon closer examination of the concordance lines for *doctors + kill*, it also emerged that some anti-euthanasia writers saw assisted dying legislation as giving doctors a permit to kill, i.e. doctors were given the role of Recipient. An anti-euthanasia stance was signalled, for instance, by the phrase "a licence to kill", which occurs four times in the corpus and is preceded by either the verb *give* (*GIVE doctors a licence to kill*) or *issue* (*ISSUE doctors with a licence to kill*) in every case (Example 104).

(104) For all the talk of autonomy, euthanasia is giving **doctors** a licence to **kill**. (*The Australian*, 21 October 2017)

When the concordance lines for *doctors + give* (material process) were analysed (28 relevant cases), it emerged that there were also other similar phrases to "a licence to kill" that marked an anti-euthanasia stance in the assisted dying debate: "a right to kill", "the legal right to kill", and "the legal ability to kill" (5 cases in total; Example 105). Moreover, one person, a Jewish leader, framed assisted dying legislation as giving doctors "the power to determine whether a person should live or should die" and drew an analogy between doctors and gods (Example 106). A pro-euthanasia stance, by contrast, was signalled by the phrase "the opportunity to end the lives of patients in pain", which contains the positively connotated noun *opportunity* (Example 107). The phrase appears twice in the corpus and can be traced back to a former Australian prime minister, Bob Hawke.

(105) The proposed euthanasia law for Victoria to **give doctors** *a right to kill* their patients is not "conservative" as it devalues human life, damages the medical profession and overlooks the expertise of palliative care. (*The Canberra Times*, Letters, 25 July 2017)

(106) "If doctors think they have life and death in their own hands, then they become like gods themselves," he said.

"If you **give doctors** *the power to determine whether a person should live or should die . . .* then they put themselves on a pedestal where they are the orchestrator of who lives and who dies." (Rabbi Freilich, *The West Australian*, 9 March 2018)

(107) Hawke believes that there is no "logical or moral basis" for the "absurd" decision not to **give doctors** *the opportunity to end the lives of patients in pain* if that is their wish. (*The Daily Telegraph*, 15 April 2016)

The overall picture that emerges from the corpus data is that anti-euthanasia writers prefer to frame doctors as the Recipient of negatively evaluated things, such as "a licence to kill", whilst a pro-euthanasia stance is very rarely combined with the material process of giving (with *doctors* as Recipient), the only exception being the phrase attributed to Hawke in (107).

Doctors functions 11 times as the Actor in the material process of bending. This material process can be traced back to an opinion piece written for Fairfax Media by a former Australian Prime Minister, Paul Keating, who argued against legalizing euthanasia in the state of Victoria ahead of the vote on the assisted dying bill in the Victorian Lower House. The material process first appeared in Keating's opinion piece commenting on Victoria's proposed assisted dying bill, and an extract from it portraying doctors as bending the rules was widely circulated in the media – both before and after the vote in the Lower House – pointing to its salience in the assisted dying debate. Example 108 illustrates the reporting by *The Sydney Morning Herald*:

(108) "The advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor," he [Keating] writes.

"No law and no process can achieve that objective. This is the point. If there are **doctors** prepared to **bend** the rules now, there will be **doctors** prepared to **bend** the rules under the new system. Beyond that, once termination of life is authorised, the threshold is crossed." (*The Sydney Morning Herald*, 20 October 2017)

As can be seen from (108), the conditional construction “If ..., system.” contains a parallelism involving the words *doctors* and *bend*, meaning that there are two instances of the collocation *doctors* + *bend* in the same sentence. In the corpus, the parallelism recurs five times and the phrase “bend the rules” is quoted once in a letter to the editor, so the material process of bending the rules occurs in six separate newspaper texts (Keating’s opinion piece + 5 other texts). Keating’s portrayal of doctors as rule benders was mostly left unchallenged (neutral news reports), and it was rejected only once (one letter to the editor).

Doctors is also found as a participant in the following material processes: *administer*, *prescribe*, *assessed*, *approved*, *sign off*, and *surveyed*. These processes are briefly described in Table 5, but as the processes as such are not linked with a pro- or anti-euthanasia stance (hence the word *neutral* in the name of the table), they will not be further discussed.

Table 5. Neutral material processes involving *doctors*

Material process	Description
<i>administer</i>	<i>Doctors</i> appears 19 times as the Actor in the material process of administering. In the corpus, doctors are mostly represented as administering a lethal drug (Goal), which is called, among others, “an end-of-life substance”.
<i>prescribe</i>	<i>Doctors</i> appears 18 times as the Actor in the material process of prescribing. Since assisted dying is ultimately about doctors prescribing euthanasia drugs to patients, the appearance of this collocation in the assisted dying debate is not surprising.
<i>assessed</i>	There are 13 instances of doctors being the Actor in the material process of assessing. All cases are connected with discussion about the requirements regarding (proposed or approved) assisted dying schemes, one of them being that the patient requesting an assisted death is <i>assessed</i> by (at least) two doctors.
<i>approved</i>	<i>Doctors</i> occurs 11 times as the Actor in the material process of approving. Of the 11 occurrences, ten are found where Australian assisted dying schemes, predominantly the Victorian one, are described. In these ten cases, reference is made to the requirement of assisted dying schemes that the request for an assisted death is <i>approved</i> by two doctors.
<i>sign off</i>	<i>Doctors</i> is found 13 times in the role of Actor in the material process of signing off. All but one of the 13 instances are part of descriptions of the

	(proposed or approved) Victorian assisted dying scheme, which requires two doctors to <i>sign off</i> on the patient's request for assisted death.
<i>surveyed</i>	There are nine occurrences of <i>surveyed</i> in the vicinity of <i>doctors</i> . <i>Doctors</i> is the Goal in this material process. The collocation appears when doctors' opinion on euthanasia or a related matter is discussed based on the surveys conducted.

As for the verb *make*, *doctors* appears 17 times as a participant in this process. The only trend emerging from the corpus data is the portrayal of doctors as life-or-death decision makers on a daily basis (*doctors* as *Senser*, *mental: cognitive process*, 6 cases). Doctors are represented in this way almost exclusively by proponents of assisted dying (5/6 cases [83%]):

(109) Every day in Victorian hospitals, **doctors make** a decision about whether they should administer a potentially lethal dose of morphine. (*Herald Sun*, 6 December 2016)

Turning now to verbal processes, doctors are represented a total of 12 times as the *Actor* in the verbal processes of *objecting* (5 instances [42%]) and *refusing* (7 instances [58%]). These portrayals are mostly not used to further a pro- or anti-euthanasia view, but are mainly neutral representations (9 cases [75%]), though there are a low number of cases (three, to be exact [25%]) where the portrayal is associated with an attitude, as in Example 110. Of the neutral representations, a thin majority are connected with discussion about doctors' ability to *refuse* or *object to* a patient's request for euthanasia in proposed or already approved assisted dying schemes in Australia, illustrated by Example 111, which concerns the passed Victorian legislation.

(110) In the Netherlands, one in 25 deaths is the consequence of assisted dying, not always for medical reasons. There are also about 300 non-voluntary deaths or illegal killings annually. A new draft law there would force **doctors** who **refuse** to administer euthanasia to refer patients to someone who will. (*Newcastle Herald*, Letter, 2 December 2016)

(111) **Doctors** can conscientiously **object** to being involved, or refer patients on. (*The Sunday Age*, 26 November 2017)

Finally, *doctors* is found 17 times in the role of *Sayer* or *Receiver* with the verbal process verb *told*. With 12 instances (71%), the role of *Sayer* is far more common in connection with *doctors* than

that of Receiver, which is found five times (29%). Doctors are given the role of Sayer especially when they inform a patient of their prognosis, as demonstrated by (112) (7/12 instances [58%]):

(112) WHEN **doctors told** Anne Gabrielides in October that she would die within weeks without a feeding tube, she chose life. (*The Daily Telegraph*, 2 December 2017)

The verb collocates *help*, *assist*, and *allow* were not analysed separately, as they are found primarily in causatives and hence do not express processes themselves. Example 102, cited earlier in the section, illustrates the use of these verbs in causative constructions, with *allow* appearing as a causative verb and *kill* constituting the process in which the social actor *doctors* is said to engage.

5.2.2 The Social Actor *Nitschke*

Let us now move on to examine the processes and participant roles associated with another key social actor in the assisted dying debate, Philip Nitschke. *Nitschke* (see Appendix 6 for the collocate list) is often found with verbal processes encoded in the neutral (direct and indirect) reporting verbs *say* and *tell*, suggesting that reporters consider it important to give space to Nitschke's views in their newspaper texts. Given Nitschke's importance as a keyword, this means that his views have a considerable role to play in the assisted dying debate. *Nitschke* appears a total of 257 times as the Sayer in the verbal process of saying (208 times with *said* [81%] and 49 times with *says* [19%]), as for example in (113). A concordance analysis also shows that Nitschke's suicide machines, including his newest invention, Sarco, are reported on in the Australian press, and Nitschke himself is naturally quoted in such news items (Example 114). With *told* (32 cases), *Nitschke* appears mostly as the Sayer (25 cases [78%]; Example 115) and is only occasionally found in the role of Receiver (7 cases [22%]). When *Nitschke* takes on the role of Sayer and acts as provider of information, the Receiver is predominantly a newspaper, a press agency, or a media organization (22/25 cases [88%]), as exemplified by (115).

(113) Thousands of older people are investigating peaceful methods to end their own lives because they want to control the nature and timing of their death, **says** controversial euthanasia campaigner Philip **Nitschke**. (*The Sydney Morning Herald*, 18 January 2016)

(114) The world's first 3D-printable suicide machine will be on show in Australia from next week, with Exit International director Philip Nitschke hoping it will appeal to Victorian patients seeking an "elegant and stylish death" under new euthanasia laws. ... "I'm sure many will see Sarco as a desirable alternative," Dr **Nitschke said**. (*The Australian* (Australian3 Edition), 25 October 2018)

(115) Exit International founder Philip **Nitschke told** *The Australian* that while the group regarded the Victorian legislation as a step forward, it ruled out the largest segment of the population - the so-called "well elderly" - who make up the bulk of attendees at its forums, and are trying to obtain the drugs [end-of-life drugs] online. (*The Australian* (Australian2 Edition), 5 September 2017)

Other verbal processes include *slams*, *argued*, *questioned*, *agreed*, and *vowed*. Used in an informal style to mean 'to criticize severely', the negatively loaded verb *slam* appears four times with *Nitschke* as a participant, each time in a headline. *Nitschke* is given the role of Sayer in three of the four cases (75%), and the Target varies from a film story with which he is not happy (2 cases; e.g. "Nitschke slams film story", *Northern Territory News*, 20 June 2013) to the Australian Senate (1 case; "Nitschke slams Senate for shutting him out of Dying with Dignity inquiry", *The Age*, 16 October 2014). In the fourth case, *Nitschke* (Target) himself is represented as being under attack from a Labour politician, Mary Porter (Sayer), who evaluates him very negatively by calling him a "zealot": the headline reads "Porter slams Nitschke as euthanasia zealot" (*The Canberra Times*, 30 July 2014). The headline seems to have its origins in a quotation by Porter which appears in the actual news text: "I've always thought he was a zealot". With *argued* (6 cases), *Nitschke* always appears as the Sayer of the process. In half of the cases (50%), Nitschke is portrayed as defending himself against measures taken against him, as in (116), where "the board's decision" refers to the ruling by the Medical Board of Australia to temporarily cancel his medical licence. As for *questioned*, a notable pattern in the corpus is Nitschke's questioning by police (5/6 cases [83%]). Here *Nitschke* is the Receiver, and police, if mentioned, is the Sayer, as in (117). The processes represented by *agreed*, in turn, are linked to Nitschke's decision to accept the conditions imposed on him by the Medical Board of Australia, so that he would not lose his medical licence (8/9 cases [89%]; Example 118); *Nitschke* functions again as the Sayer. The verbal processes expressed by *vowed* (6 cases) convey an image of

Nitschke being determined not to be silenced and defiant in the face of legal and other similar struggles. Two of the cases – one of them presented in (119) – in fact reference Nitschke’s defiance after he decided *not* to agree to the conditions placed on him and to accept losing his medical licence permanently as a consequence of that.

(116) In an appeal of the board's decision, Dr **Nitschke argued** he was not in a doctor-patient relationship with Mr Brayley when they discussed end-of-life options and that people without a terminal illness could make a rational decision to commit suicide. (*The Age*, 8 January 2015)

(117) Dr **Nitschke** was **questioned** by police over the death after saying the 66-year-old used a drug tested at the Adelaide laboratory of Exit International, a pro-euthanasia organisation. (*The Australian* (Australian3 Edition), 3 August 2016)

(118) Euthanasia campaigner Philip **Nitschke** has **agreed** to restrict his advocacy work for people wanting to end their life so he can continue to practise as a doctor. (*The Australian* (Australian3 Edition), 27 October 2015)

(119) Dr **Nitschke vowed** to continue his advocacy work and burned his medical certificate in defiance against the board's conditions which he called "heavy handed and clumsy" and a violation of free speech. (*Northern Territory News*, 5 August 2016)

Turning now to material processes, *Nitschke* is often found as the Goal of the material process verb *suspend* (14/19 cases with *suspended* [74%], all 15 cases with *suspend*, and all 4 cases with *suspending*). The verb *suspend* in its various forms refers to Nitschke’s suspension by the Medical Board of Australia owing to his role in the suicide death of a 45-year-old Perth man, Nigel Brayley, who was not terminally ill. The Medical Board of Australia, or more specifically, its South Australian board, is in each case the Actor (Example 120), though it is not always mentioned in connection with passive constructions, for example. Interestingly, as concordance analysis and subsequent close reading revealed, *The Age* explicitly endorsed the board’s decision to suspend Nitschke in its editorial on 28 July 2014. An extract from the editorial is provided in (121). As for the verb *practising*, *Nitschke* was found to be the Actor in the process in all relevant cases (9 instances). In each case, the process of practising is, however, overridden by another process, mostly by a material one, such as “barred” or “disqualified”, with the consequence that Nitschke is prevented from engaging in the material process of practising medicine (Example 122). *Banned*, as a material process, also collocates

with *Nitschke* (Goal) when his suspension is referenced (4/8 cases [50%]). This process is found especially in headlines (3 cases): “Euthanasia advocate Nitschke banned” (*The Age*, 25 July 2014). A further material process verb with which *Nitschke* collocates is *investigating* (7/9 cases [78%]). *Nitschke* (Goal) is portrayed as the target of investigations – one by the Medical Board of Australia and another by the Australian Health Practitioner Regulation Agency (Example 123).

(120) Last week, Dr **Nitschke** was **suspended** by the Medical Board of Australia which ruled he posed "a serious risk to the health and safety of the public". (*The Examiner*, 2 August 2014)

(121) But *The Age* does not support euthanasia advocate Dr Philip Nitschke, because, through his organisation, Exit International, he aids people who are not terminally ill to die by suicide. We applaud the Medical Board of Australia for **suspending** Dr **Nitschke** from practising medicine over his alleged handling of a troubled man who sought advice about how to end his own life. (*The Age*, editorial, 28 July 2014)

(122) EUTHANASIA advocate Dr Philip **Nitschke** has been *barred* from **practising** medicine, based on allegations he helped a depressed Perth man commit suicide. (*The Courier-Mail*, 27 July 2014)

(123) The Australian Health Practitioner's Regulation Agency is currently **investigating** Dr **Nitschke** for the importation of the drug Nembutal and whether he is a fit and proper person to practice medicine, following a complaint from anti-euthanasia group, Hope. (*The Advertiser*, 9 April 2013)

Nitschke functions as the Actor of the material process verb *fight*. He is cast as a fighter in the face of legal and other similar threats to his medical licence (6/10 cases with *fight* [60%], 6/6 cases with *fighting* [100%]; Example 124). Nitschke’s determination not to give up is further accentuated by the verbal process verb *vowed* in (125). *Nitschke* also appears as the Actor of the material process verb *appeal* in its various forms – 13 times in total (6 times with *appeal*, 3 times with *appealing*, 4 times with *appealed*; Example 126). Nitschke’s appeals concern the decision by the Medical Board to suspend him and the ruling by the Northern Territory Health Professional Review Tribunal to uphold his suspension. Like the material process verb *fight*, *appeal*, too, is sometimes preceded by the verbal process verb *vowed*, which emphasizes Nitschke’s determination to take action against whatever he sees as an injustice (Example 127).

(124) Dr **Nitschke** is **fighting** a suspension by the Australian Medical Board over his alleged involvement in an unrelated suicide of a 45-year-old man in Western Australia. (*The Advertiser*, 2 August 2014)

(125) EUTHANASIA campaigner Philip **Nitschke** has *vowed* to **fight** his suspension by the Medical Board, while he continues to advise a terminally ill Adelaide man on how to end his life. (*The Advertiser*, 25 July 2014)

(126) In a decision Dr **Nitschke** is **appealing**, a tribunal ruled that he was "a serious risk to persons and could lessen public confidence in the medical profession". (*The Sun-Herald*, 28 June 2015)

(127) But Dr **Nitschke** has *vowed* to **appeal** the decision by the Northern Territory Health Professional Review Tribunal, saying doctors have to face the "harsh reality" that many people, including those who are not terminally ill, believe they have a right to end their own lives. (*The Age*, 8 January 2015)

Additionally, *Nitschke* was found to appear in the vicinity of the material process verb *facilitate* (4 instances). This pattern was traced back to four editorials in *The Age* newspaper. *The Age* was found to be arguing in favour of assisted dying as long as it was restricted to the terminally ill. In the editorials where the collocation *Nitschke* + *facilitating* occurs, *Nitschke* is portrayed as the Actor of *facilitating* the death of non-terminally ill people. The verb *facilitating* is preceded by the material process verb *prevents* in each case. As can be seen from Example 128, which is an excerpt from an editorial, *The Age*, while espousing the right of the terminally ill to physician-assisted death, wished to distance itself from Nitschke, stating that assisted dying laws should be crafted in such a way as to *prevent* the likes of Nitschke from assisting people with non-terminal conditions to die.

(128) It is in the public interest to pass legislation that permits doctors such as Dr Syme to offer relief to terminally ill patients, but *prevents* those like Dr **Nitschke** from **facilitating** the death of those who should receive treatment. (*The Age*, editorial, 15 November 2014)

Finally, the verbs *believes* and *plans* constitute mental, or more specifically, cognitive processes. The former occurs 14 times with *Nitschke*, the latter four times. *Nitschke* is always the Senser in the mental process of believing. The mental process verb *believes* is mainly found in contexts where reference is made to Nitschke's views regarding suicide (9/14 cases [64%]). In these nine cases, the mental process verb is followed by a projected clause which carries information about Nitschke's views, as illustrated by (129):

(129) Dr **Nitschke** has said he **believes** that even if someone is suffering from depression they may be capable of making a rational decision to suicide. (*The Canberra Times*, 12 November 2014)

The mental process verb *plan* also has *Nitschke* as the Senser in each case, but apart from this, there are no patterns to report.

6. Discussion

The first research question informing the study was, how is assisted dying discursively constructed in the Australian press? Based on the keywords, it can be said that the assisted dying debate draws heavily on lexical items which represent the categories of Parliament/Government, Health/Healthcare, Location, Legal sphere, and Death. Added together, these categories contain 141 keywords, which is 69 per cent (141/204) of all keywords in Table 2 (Section 5.1.1). As far as the Parliament/Government category is concerned, examination of the collocates of the keyword *Andrews* revealed that the word *bill* – itself a keyword – is often found in the vicinity of *Andrews*. This is partly because Kevin Andrews' 1996 bill is often referenced in the assisted dying debate. Perhaps more importantly, it emerged that the bill is very frequently referred to as *the Andrews bill/Bill* and not by its official name, *the Euthanasia Laws Bill 1996*. This bill, which led to the territories being banned from legislating on assisted dying, appears to be inextricably linked with Kevin Andrews, so it is reasonable to assume that the name of Kevin Andrews stands symbolically for the unequal treatment of the territories in Australia.

Within the Health/Healthcare category, the collocational patterns of the phrase *palliative care* reveal criticism of the current state of palliative care services in Australia. Palliative care is described as lacking funding and needing to be improved (collocates *funding* and *better*). Supporters of assisted dying reject palliative care as an inadequate response to end-of-life suffering: for them, even the best palliative care cannot satisfactorily relieve the suffering of all dying people (collocate *best*). Unsurprisingly, advocates for assisted dying also highlight the extreme level of suffering experienced

by some patients at the end of their lives (keywords *suffering* and *pain*). An important characteristic of the debate is the focus upon painful personal experiences: various individuals are said to have witnessed other people suffer (keyword *suffer*). Loved ones are often framed as the ones suffering. A strong link is established between seeing someone suffer and support for assisted dying. Interestingly, and also unexpectedly, the lexical items *suffer* and *watching/watched* were found to be often used together, which seems to imply that, because of Australian law, Australians are forced to do something that is against their will, namely to *watch* others suffer. This is because *watch* as a behavioural process verb suggests a more active role in the situation and a more intense experience than would be the case with, say, the mental process verb *see*.

Turning now to the categories of Death and Value-laden Terms, the keyword *dying* is closely connected with the concept of dignity in the debate, and this is primarily due to the high frequency of the cluster *dying with dignity* in the corpus. References to *dying with dignity bill/legislation/laws* are found in pro-assisted dying letters to the editor, which is not surprising, as supporters of assisted dying like to equate assisted dying with dying with dignity. What is surprising, however, is that reporters, too, use the terms *dying with dignity bill/legislation/laws* (without quotation marks) in news reports. Similarly, the terms *right-to-die legislation/laws* appear in news reports. There is thus evidence of a link being established between assisted dying and dying with dignity or the notion of “a right to die” in news coverage which should be as neutral as possible but arguably is not, since *dying with dignity bill/legislation/laws* and *right-to-die legislation/laws* are more emotionally laden expressions than terms like *assisted dying* (or *euthanasia*) *bill/legislation/laws* and presuppose that death occurs in a dignified manner or that dying is a right.

The centrality of the notion of choice in the assisted dying debate is reflected by the lexical items *choose*, *choice*, and *option*. As the study shows, the focus is on the individual in the debate, with individuals framed as *having* and *making* particular *choices*, or *having*, *taking*, and *choosing*

specific *options*, regarding their death. Not surprisingly, references to choosing the *timing* and *manner* of one's death are a key feature of the debate.

Discussions of being a burden on other people are an integral part of the assisted dying debate. The concept of burden (the Problems category) is closely connected with vulnerable people, and it is their *feeling* of being a burden on other people that is foregrounded, not other people's opinion. Being a burden is thus represented as an internal phenomenon in the minds of vulnerable people, a point which is illustrated by the co-occurrence of *burden* and *feel/feeling* (mental processes) in the corpus. The burden is framed as falling upon families, friends, and society in the debate.

Criticism of the role of religion in the legalization of assisted dying is also a notable characteristic of the debate. In expressing such criticism, proponents of assisted dying refer to the opposing side's *religious beliefs*, *religious convictions*, and *religious grounds*, and take issue, among others, with opponents *imposing* their beliefs on the entire Australian population. Analysis of the context of the lexical item *religious* uncovered references to extreme forms of religion (*religious extremists*, *religious fanaticism*, etc.), which euthanasia supporters naturally rejected in no uncertain terms. It should be pointed out that while *extremists*, *fanaticism*, and similar words are too rare to appear among the ten strongest collocates of *religious*, their cumulative effect ought not to be ignored.

The study also set out to investigate what discourses are drawn on in the debate over assisted dying (second research question). The discourses identified through keyword and collocation analyses are summarized in Table 6. The discourse of dignity is strongly associated with support for assisted dying. While opponents of assisted dying also use the discourse of dignity in painting a positive picture of palliative care, the discourse of dignity is accessed far more frequently by supporters of assisted dying. The fact that a wider range of collocations linked with this discourse are used much more frequently by euthanasia supporters than opponents clearly shows this. As regards the 'dying as a right' discourse, it is noteworthy that references to a *right to die with dignity* are common in the debate; the 'dying as a right' and the discourse of dignity are thus often combined,

mostly by supporters of assisted dying. Similarly, the ‘dying as a right’ discourse and the discourse of personal autonomy are frequently combined, in the form of the cluster *right to choose*. The discourses of mercy-driven killing and of state-driven killing were found to be accessed predominantly by those against euthanasia. The discourse of rationality was found to leave such lexical traces as *rational suicide* and *rational decision* in the debate. Overall, the individual is at the centre of attention in the assisted dying debate. The ‘dying as a right’ discourse and the discourse of personal autonomy may be argued to be part of a larger discourse circulating in modern Western societies, namely the discourse of individualism, which places the interest of the individual above the interest of the community.

The collocation profiles of the words *politicians* and *Territorians* revealed discourse prosodies worthy of mention. The lexical item *politicians* was found to have a negative discourse prosody of “not representing the electorate”, carried by its collocates *listen*, *represent*, and *time*. It was also observed to possess a negative discourse prosody of “lacking courage”, carried by its collocates *timid*, *cowardly*, and *guts*. Based on these discourse prosodies, then, it can be said that when the word *politicians* is mentioned in the assisted dying debate, it is fairly likely to be accompanied by a negative speaker/writer evaluation. *Territorians*, in turn, exhibits a negative discourse prosody of “inferior citizens”, carried, inter alia, by collocates like *right(s)*, *same*, *second-class*, and *elected*.

Table 6. The main discourses surrounding the topic of assisted dying

Name of the discourse	Examples of collocations (<i>node</i> + <i>collocate</i>) used to access the discourse
the discourse of dignity (pro-palliative care)	<i>dying</i> + <i>dignity</i>
the discourse of dignity (pro-assisted dying)	<i>dying</i> + <i>dignity</i> ; <i>death</i> + <i>dignified</i> ; <i>death</i> + <i>dignity</i> ; <i>die</i> + <i>dignity</i>
the ‘dying as a right’ discourse	<i>die</i> + <i>right</i>
the discourse of personal autonomy	<i>die</i> + <i>choose</i> ; <i>choice</i> + <i>have</i> ; <i>choice</i> + <i>freedom</i> ; <i>choice</i> + <i>make</i> ; <i>choice</i> + <i>give</i> ; <i>option</i> + <i>have</i> ; <i>option</i> + <i>take</i> ; <i>option</i> + <i>choose</i>

the discourse of mercy-driven killing	<i>killing + mercy</i>
the discourse of state-driven killing	<i>killing + state; killing + sanctioned</i>
the discourse of rationality	<i>rational + suicide; rational + decision</i>
the slippery slope discourse	<i>slippery + slope(s)</i>
the discourse of dependence	<i>burden + feel; burden + being; burden + become; burden + feeling</i>
the ‘politicians as not representing the electorate’ discourse	<i>politicians + listen; politicians + represent; politicians + time</i>
the ‘politicians as lacking courage’ discourse	<i>politicians + timid; politicians + cowardly; politicians + guts</i>
the ‘Territorians as inferior citizens’ discourse	<i>Territorians + right(s); Territorians + same; Territorians + second-class; Territorians + elected</i>

Whilst there is no corpus-based CDA research on the assisted dying debate in other countries to compare the present study with, it is useful to point out the main similarities and differences between the findings of this study and those of Van Brussel and Carpentier (2012) and Van Brussel (2014), which were discussed in Section 3.4. In Van Brussel and Carpentier (2012), the notions of autonomy and dignity, as defined in the right-to-die discourse, were found to come to the fore in the news coverage of the three euthanasia cases analysed. Autonomy is understood as the capability to choose the time and manner of one’s death, whereas dignity essentially means not being dependent on other people (Van Brussel and Carpentier 2012: 491-2). Autonomy and dignity emerged as key notions in the Australian assisted dying debate as well, as shown by the choice-related keywords and their collocates on the one hand, and the death-related keywords and their collocates on the other (see the discourse of personal autonomy and the discourse of dignity in Table 6). Further central notions in the Belgian euthanasia coverage include awareness and heroism – concepts which are not observable in the Australian assisted dying debate, but then again it must be noted that Van Brussel and Carpentier’s study used a qualitative method, meaning that the researchers analysed the texts in their entirety and not by corpus software. In the present study, there is no indication that being aware

of one's imminent death or a heroic acceptance of one's death were important discussion topics, as the notions of awareness and heroism do not show up in the keyword or collocation analyses.

Van Brussel (2014) identified the discourses of autonomy, of independence and control, and of hedonism in her corpus. In the present study, the discourses of personal autonomy and of dependence, for example, were found in the Australian euthanasia debate, and they correspond to Van Brussel's discourses of autonomy and of independence and control. There are no traces of Van Brussel's third discourse, that of hedonism: dying is not linked with enjoyment or enjoyable activities at the keyword level in this study. In Van Brussel's study (2014: 28), death within a palliative care setting comes to be seen as undignified, and dignity is strongly linked with euthanasia. Van Brussel does not distinguish a separate discourse of dignity, whereas in the present study it is justified to speak of the discourse of dignity, as there is such a strong link between the notion of dignity and dying at the lexical level. The notion of dignity is associated mainly with support for assisted dying – a finding which matches Van Brussel's finding that euthanasia is overwhelmingly portrayed as the only dignified option in the euthanasia news coverage. Van Brussel does not report whether euthanasia is ever represented as mercy killing or state-sanctioned killing in her corpus, whereas the present study shows that the discourse of mercy-driven killing and the discourse of state-driven killing are among the main discourses connected with the assisted dying debate. A question worth asking, but also one which remains unanswerable in this study, is whether opponents access discourses like the discourse of mercy-driven killing and the discourse of state-driven killing more actively when a country is considering whether to legalize assisted dying, and whether such emotionally laden discourses become less frequent over time in countries where assisted dying has been made legal.

It was mentioned in Section 3.4 that Paterson and Coffey-Glover (2018) identified a slippery slope discourse in the British same-sex marriage debate, based on words like *polygamy*. The slippery slope discourse also emerged as one of the main discourses in the Australian assisted dying debate. One of the strategies exploited by opponents of controversial issues such as same-sex marriage and

assisted dying thus seems to be to highlight the potential – in opponents’ view inevitable – unintended negative consequences that a legislative reform might have, to emphasize that a slippery slope will result if the law is changed. Paterson and Coffey-Glover’s finding that there was discussion about the fixedness of word meaning in the British same-sex marriage debate is also interesting from the perspective of the present study. While opponents of same-sex marriage in the UK objected to extending the word *marriage* (traditionally defined as “the union of a man and a woman”) to same-sex couples based on the denotative meaning of *marriage* (Paterson and Coffey-Glover 2018: 22), opponents of assisted dying in Australia rejected terms like *dying with dignity* and *death with dignity* in reference to assisted dying, presumably due (at least in part) to their positive connotative meanings.

Lastly, the study addressed the question of how prominent social actors are portrayed in the assisted dying debate (third research question). The social actors that were considered in this stage were *doctors* (keyword no. 18) and *Nitschke* (keyword no. 19). Examination of the processes and participant roles associated with *doctors* revealed that opponents of euthanasia preferred to frame assisted dying as the killing of patients by doctors. In the material process of killing, doctors were given the role of Actor by opponents of euthanasia, and this portrayal was left largely unchallenged in the debate. An interesting finding was that the portrayals of doctors as killers were not limited to pro-life organizations, such as The Right to Life Association of SA or Real Dignity Tasmania, but the Australian Medical Association (AMA) and Palliative Care Victoria also depicted doctors as killers in the euthanasia debate. Anti-euthanasia writers frequently used the material process verb *give* in the vicinity of *doctors* and assigned *doctors* the role of Recipient of negative things, including “a licence to kill”. In other words, opponents of euthanasia often equated assisted dying with giving doctors a licence (or a right, or the like) to kill. A further trend in the corpus is the co-occurrence of *doctors* (Senser) and *make a decision* (cognitive process). The representation of doctors as life-or-death decision makers on a daily basis is nearly always associated with euthanasia proponents. In

using this collocation, advocates of assisted dying draw attention to the fact that Australian doctors are already making decisions on whether to give patients pain relief which may lead to death.

As for the euthanasia advocate Philip Nitschke, it was found that – as controversial as his views are – his voice is not silenced in the assisted dying debate. On the contrary, he frequently appears as the Sayer in the verbal processes of saying and telling. A second trend emerging from the corpus data is that Nitschke is often represented as the target (more precisely, the Receiver or Goal) of processes like questioning (by police, verbal process), suspending (material process), and investigating (material process). These are all processes which imply that Nitschke may have broken the rules or law, and thus evoke an image of Nitschke as a person of dubious character. It is also noteworthy that Nitschke often takes on an agentive role, that of Actor or Sayer, in such processes as *fight* (material process) and *vowed* (verbal process) and is hence represented as defiant in the face of legal and other challenges. Additionally, it emerged that *The Age*, one the major newspapers in the state of Victoria, explicitly distanced itself from Nitschke in five editorials: it expressed support for the decision of the Medical Board of Australia to suspend Nitschke (1 editorial) and argued in favour of such assisted dying laws that would only concern terminally ill people and prevent the likes of Nitschke from assisting non-terminally ill people to die (4 editorials) (see the material process verbs *suspending/facilitating*). While it would not be correct to suggest that the media have intentionally cast Nitschke in such a negative light, it seems reasonable to assume that the media's discursive construction of the events around Nitschke has caused damage to his reputation.

The study broke new ground by exploring a social issue which had not been studied from the perspective of corpus-based critical discourse studies before. As assisted dying is a highly topical issue in Australia, the findings of the present study are of interest not only to the community of linguists in general or critical discourse analysts with an interest in corpus linguistic research in particular, but to the lay person as well. By exploring how assisted dying has been debated in a wide selection of Australian newspapers, it was possible to give an overview of how assisted dying has

been framed in the public sphere in Australia in recent years. As the media can be seen as a reflection of society, albeit not as a perfect one, the study ultimately provides information on the views held in Australian society at large. The fact that the study examined media representations of assisted dying over a six-year period – as opposed to focusing on a period of perhaps one or a couple of years at most – adds to its value, as it was possible to provide a more comprehensive picture of the assisted dying debate in Australia over the years. The study is also of benefit to wider society, in that it underscores the idea that using language involves making choices – often with the intention of furthering one’s own interests – and, as such, encourages critical thinking. Such critical thinking is crucial when one encounters suggestions that dying with dignity equals assisted dying, or that assisted dying is state-sanctioned killing, for example.

The present study can be reproduced as long as the researcher has access to the LexisNexis Academic database, has the required corpus tools at their disposal, and the steps of compiling the specialized corpus, described in Section 4.1, are meticulously followed. One of the limitations of corpus-based critical discourse studies is that only textual data can be examined, which meant that it was not possible to analyse any images accompanying the newspaper texts in this study. Secondly, the researcher of this study worked independently, and while every attempt was made to interpret the data as objectively as possible, CDA research is never completely free from subjectivity (e.g. the identification and naming of discourses). To counter any potential bias, excerpts from the newspaper texts have been provided to corroborate the findings whenever possible, and the reader is invited to draw their own conclusions based on them. On the other hand, the fact that the corpus was compiled and the data analysed by the same person meant that the researcher knew his corpus well and had a great deal of information about the make-up of the corpus and the research topic. A further limitation in a study like this is that anaphoric reference cannot be taken into account in the analysis. When the collocates of *Nitschke*, for instance, were calculated by *WordSmith Tools 7.0*, the corpus tool only analysed the textual environment of each occurrence of the word *Nitschke*. It was unable to analyse

the textual environment of the occurrences of the pronoun *he* with Nitschke as the referent, for instance. Only a human analyst can infer who or what pronouns refer to, so some information is always lost when corpus tools are used. As for the collocation lists of individual words, it must be emphasized that corpus tools like *WordSmith Tools* only offer a statistically derived *illustration* of a word's collocational patterning, and the exact order of the strongest collocates of a given word may vary to a degree if the Collocation tool is run several times. Finally, it should be noted that the political leanings of the newspapers were not taken into consideration in the present study, as the focus was on forming an overall picture of the assisted dying debate in the Australian press.

7. Conclusion

The study, which may be characterized as a corpus-based critical discourse analysis, explored media representations of assisted dying over a six-year period ending 30 November 2018. A specialized corpus of 1.1 million words, consisting of different kinds of texts from 19 major newspapers across Australia, was compiled specifically for the study. A mixed methods approach was used, meaning that both qualitative and quantitative methods were employed. *WordSmith Tools 7.0* was the primary corpus tool used in this study and also the only tool employed during the analysis stage. The analysis comprised two parts: In the first part, a selection of the top 200 keywords of the corpus was subjected to collocation analysis to establish the key aspects of the assisted dying debate (Research Objective 1) and to identify the most prominent discourses surrounding the topic of assisted dying in the Australian press (Research Objective 2). In the second part of the analysis, the processes and participant roles associated with the most important social actors, *doctors* and *Nitschke*, were explored, with collocate lists as the starting point, to form a picture of how key social actors were represented in the assisted dying debate (Research Objective 3). The second part of the analysis drew extensively on systemic functional linguistics.

The study reveals that palliative care services are criticized in the debate: palliative care is said to be inadequately funded and in need of improvement. Proponents of euthanasia, however, take the

view that, no matter how good palliative care is, it can never relieve all suffering – hence the need for assisted dying laws. Dying is closely linked with the concept of dignity in the debate, with supporters of assisted dying portraying assisted dying as a dignified end to life. The discourse of dignity is accessed particularly often by advocates for euthanasia. The ‘dying as a right’ discourse and the discourse of personal autonomy reveal the individual-centred character of the assisted dying debate, with the former highlighting the rights of the individual – at the expense of the wider community, it may be added – and the latter foregrounding the notion of individual choice. Interestingly, the lexical item *politicians* was found to be associated with negative evaluative meanings which portray politicians as not representing the electorate or as lacking the courage to legalize assisted dying – a finding which appears to reflect the social reality that there is overwhelming public support for the legalization of assisted dying in Australia. The SFL-based analysis of the social actors shows that opponents of euthanasia often represent *doctors* in an agentive role in the material process of killing and also in the role of Recipient in the material process of giving, where the Goal is something negative, for example “a licence to kill”. As for *Nitschke*, it can be said that the news coverage has not been favourable to him, given that he is frequently portrayed as the target of processes drawing attention to his dubious character traits, although it is important to note that space is also often reserved for his comments. Lastly, it should be pointed out that the analysis uncovered elements which are unique to the assisted dying debate in Australia and provide a window into Australian society: references to the infamous Andrews Bill and the representations of Territorians as inferior citizens (the ‘Territorians as inferior citizens’ discourse) reveal the state/territory divide in Australian politics and society.

There is plenty of room for further research on the issue of assisted dying. The scope of this thesis meant that only a selection of the top 200 keywords in the corpus could be explored in detail. Reasons were provided why particular keywords were chosen for closer analysis, but it is likely that some other keywords in the corpus, perhaps some which did not even make it to the top 200 keywords

list, would also be worth examining in greater detail in future research. The notion of compassion (e.g. the keywords *compassion/compassionate*) and discussions of the protection of vulnerable people (e.g. the keywords *safeguards/elderly/vulnerable*), for example, might be interesting lines of further research. Secondly, it could be useful to investigate the similarities and differences in the portrayal of assisted dying between individual Australian newspapers, for example by comparing the keyword lists of different newspapers against one another. The finding of the present study that the Beverley Broadbent case was only reported and discussed in *The Age* and not in the other 18 newspapers raises the question of what similarities and differences there might be in the reporting of the individual newspapers on high-profile cases regarding the topic of assisted dying. Further research into the assisted dying debate in Australia is also warranted for the simple reason that the passage of voluntary assisted dying laws in Victoria may well bring about legislative reform in other Australian states in the near future. How the debate evolves in Australia is thus a further potential line of research. Finally, it is hoped that the study will spur scholars to conduct corpus-based research into media representations of assisted dying in other geographical locations as well. The questions of whether the lexical item *politicians* has similar negative evaluative meanings in the press outside Australia and how doctors are portrayed elsewhere might be worth addressing. The assisted dying debate is currently lively in New Zealand, for example, where steps are being taken to legalize assisted dying, even though the current bill on assisted dying (the End of Life Choice Bill), put forward by ACT party leader David Seymour, may not pass the first time.

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Appendices

Appendix 1. The top 200 keywords in the corpus (keywords excluded from the study in italics)

N	Keyword	Freq.	Keyness score ¹⁰
1	EUTHANASIA	7 861	9 943,12
2	DYING	3 938	4 852,34
3	ASSISTED	3 629	4 672,56
4	VOLUNTARY	3 134	3 802,55
5	BILL	3 140	3 095,41
6	DEATH	3 333	2 995,29
7	SUICIDE	2 137	2 592,21
8	PALLIATIVE	1 791	2 376,97
9	DIE	2 098	2 334,52
10	CARE	2 814	2 284,33
11	LIFE	4 108	2 155,73
12	LAWS	1 895	2 099,36
13	LEGISLATION	1 965	2 023,38
14	SUFFERING	1 812	1 999,63
15	DR	1 940	1 930,52
16	PEOPLE	4 746	1 915,38
17	MEDICAL	1 912	1 846,73
18	DOCTORS	1 657	1 786,91
19	NITSCHKE	1 297	1 721,35
20	TERMINALLY	1 255	1 627,72
21	ILL	1 501	1 617,21
22	PARLIAMENT	1 536	1 603,78
23	VOTE	1 664	1 597,85
24	DEBATE	1 555	1 559,28
25	AUSTRALIAN	1 215	1 487,22
26	END	2 731	1 453,73
27	AUSTRALIA	1 282	1 417,58
28	LAW	1 817	1 371,91
29	LABOR	1 029	1 365,66
30	DIGNITY	1 133	1 324,19

¹⁰ The keyness and MI3 scores cited in this section have been taken directly as provided by the WordSmith corpus software. Note that the software uses the comma, not the full stop, as the decimal separator.

31	MPS	1 164	1 195,40
32	MS	1 066	1 128,55
33	PATIENTS	1 390	1 111,02
34	ANDREWS	826	1 071,04
35	VICTORIAN	934	1 038,26
36	STATE	1 634	1 029,73
37	ISSUE	1 342	981,67
38	TERMINAL	835	929,62
39	VICTORIA	894	918,95
40	FEDERAL	716	897,82
41	PATIENT	953	879,52
42	TERRITORY	765	863,89
43	MR	1 993	840,22
44	SUPPORT	1 846	840,04
45	DOCTOR	987	831,77
46	NSW	607	805,59
47	GREENS	668	803,93
48	PAIN	1 429	799,40
49	PREMIER	668	796,84
50	SAFEGUARDS	617	759,89
51	LIBERAL	808	750,88
52	RIGHT	2 058	742,37
53	AUSTRALIANS	567	739,27
54	GOVERNMENT	1 788	736,53
55	ILLNESS	788	726,91
56	CHOICE	1 003	675,52
57	PARTY	1 182	673,23
58	LEGALISE	479	635,72
59	CONSCIENCE	581	630,00
60	SENATOR	503	618,64
61	LEGAL	879	603,87
62	SAYS	1 514	593,05
63	LIVES	981	579,41
64	<i>10</i>	<i>434</i>	<i>575,99</i>
65	SENATE	426	542,82
66	ACT	1 032	542,66
67	POLITICIANS	617	539,75
68	CANCER	736	514,93
69	TASMANIA	371	492,38
70	LETHAL	422	492,05
71	<i>12</i>	<i>363</i>	<i>481,76</i>
72	DECISION	847	476,14

73	MP	563	473,12
74	MINISTER	834	470,09
75	QUEENSLAND	352	467,17
76	REQUEST	462	461,31
77	LEGALISED	331	439,29
78	GIDDINGS	323	428,68
79	<i>20</i>	<i>319</i>	<i>423,37</i>
80	INQUIRY	507	422,61
81	ALLOW	702	417,19
82	LEGISLATIVE	401	414,62
83	PERSON	953	409,05
84	EXIT	422	403,49
85	REFORM	456	399,72
86	PHILIP	426	395,65
87	ELECTION	545	394,51
88	DENTON	296	392,84
89	PHYSICIAN	327	382,58
90	TASMANIAN	287	380,90
91	SYME	295	379,59
92	CHOOSE	528	376,01
93	NEMBUTAL	282	374,26
94	LEGALISING	280	371,61
95	ELDERLY	435	367,82
96	OPPOSITION	465	361,30
97	PROPOSED	546	354,03
98	PARLIAMENTARY	449	353,02
99	UPPER	509	352,66
100	VICTORIA'S	306	349,20
101	MARRIAGE	548	345,84
102	VICTORIANS	259	343,74
103	MELBOURNE	285	341,85
104	NT	266	341,30
105	CANBERRA	257	341,08
106	MEMBERS	781	337,21
107	VIEWS	480	335,58
108	DRUGS	440	333,36
109	VULNERABLE	435	327,81
110	NORTHERN	504	325,79
111	COMPASSIONATE	241	319,85
112	NITSCHKE'S	240	318,52
113	DEATHS	436	316,79
114	OPTION	433	316,48

115	ADVOCATE	253	315,29
116	COMPASSION	244	312,28
117	<i>18</i>	<i>234</i>	<i>310,56</i>
118	TURNBULL	233	297,77
119	RIGHTS	690	296,06
120	MCKIM	223	295,96
121	<i>11</i>	<i>223</i>	<i>295,96</i>
122	LEADER	507	292,22
123	BELGIUM	248	287,24
124	<i>80</i>	<i>216</i>	<i>286,67</i>
125	AMA	214	284,02
126	INCURABLE	213	282,69
127	VOTED	277	280,30
128	KILLING	344	277,13
129	DRUG	512	274,91
130	NETHERLANDS	245	271,32
131	NURSING	249	270,78
132	DEBATED	216	266,82
133	<i>AU</i>	<i>236</i>	<i>265,68</i>
134	ADVOCATES	215	265,51
135	HENNESSY	197	261,45
136	ISSUES	664	260,42
137	<i>13</i>	<i>196</i>	<i>260,13</i>
138	WISHES	273	257,49
139	DIED	523	252,68
140	CAMPAIGNER	198	251,65
141	FORMER	574	250,51
142	<i>25</i>	<i>188</i>	<i>249,51</i>
143	MEDICATION	247	248,02
144	PASSED	497	246,27
145	ABORTION	245	245,55
146	AUSTRALIA'S	184	244,20
147	COALITION	219	244,00
148	SUFFER	300	243,89
149	<i>2013</i>	<i>183</i>	<i>242,87</i>
150	<i>15</i>	<i>180</i>	<i>238,89</i>
151	MAJORITY	424	237,44
152	OREGON	204	237,00
153	DANIEL	257	234,19
154	<i>14</i>	<i>174</i>	<i>230,93</i>
155	UNBEARABLE	193	229,46
156	DISEASE	433	228,80

157	LABOR'S	172	228,27
158	PUSH	315	225,98
159	PEACEFUL	262	224,76
160	ASSISTANCE	294	220,92
161	LIFELINE	186	220,39
162	WA	190	218,98
163	FINAL	512	218,98
164	TERRITORIES	229	217,09
165	DIGNIFIED	183	216,50
166	LOVED	473	214,81
167	RATIONAL	206	211,68
168	LEYONHJELM	158	209,69
169	CAMPAIGN	423	207,17
170	OPPONENTS	240	206,45
171	DEMENTIA	246	206,18
172	VOTES	236	205,48
173	LIBERALS	169	205,42
174	ANDREW	256	203,90
175	BRAYLEY	150	199,08
176	<i>1997</i>	<i>150</i>	<i>199,08</i>
177	LARA	163	197,60
178	ABBOTT	173	197,16
179	RELIEVE	186	196,81
180	<i>2014</i>	<i>146</i>	<i>193,77</i>
181	HOSPITAL	451	193,57
182	<i>FAVOUR</i>	<i>320</i>	<i>191,63</i>
183	CATHOLIC	329	191,24
184	<i>I</i>	<i>144</i>	<i>191,11</i>
185	TREATMENT	517	190,64
186	SLIPPERY	177	185,54
187	PATTEN	145	181,93
188	PERRON	136	180,50
189	STATE'S	146	175,47
190	SUPPORTED	344	175,37
191	INTOLERABLE	159	173,51
192	<i>30</i>	<i>130</i>	<i>172,53</i>
193	ACCESS	507	172,31
194	DIAGNOSED	219	171,94
195	MORPHINE	129	171,21
196	PASS	348	171,10
197	PATIENT'S	180	170,66
198	PETER	341	170,53

199	ENDING	245	170,34
200	MEMBER'S	136	170,11
201	SWITZERLAND	147	170,02
202	<i>2012</i>	<i>128</i>	<i>169,88</i>
203	TERRITORIANS	128	169,88
204	OPPOSE	163	168,09
205	JURISDICTIONS	134	167,49
206	LEGISLATE	139	166,38
207	PERTH	153	165,92
208	<i>16</i>	<i>123</i>	<i>163,24</i>
209	<i>2016</i>	<i>123</i>	<i>163,24</i>
210	INTRODUCE	229	161,62
211	DECISIONS	282	160,64
212	<i>50</i>	<i>121</i>	<i>160,59</i>
213	LOBBY	175	160,50
214	<i>24</i>	<i>120</i>	<i>159,26</i>
215	BURDEN	192	158,01
216	POLITICS	302	156,19
217	AMENDMENTS	145	155,83
218	RELIGIOUS	496	155,54
219	<i>70</i>	<i>117</i>	<i>155,28</i>
220	<i>40</i>	<i>117</i>	<i>155,28</i>
221	BEYONDBLUE	117	155,28
222	<i>2015</i>	<i>117</i>	<i>155,28</i>
223	ILLNESSES	167	155,01
224	NURSES	201	154,94
225	PAINFUL	186	154,60

Appendix 2. The collocates of the main keywords, phrases, and clusters (function words and proper names excluded from the study in italics)

keyword: <i>Andrews</i>			
N	Word	MI3	Freq.
1	ANDREWS	29,60	803
2	DANIEL	25,33	202
3	KEVIN	23,63	114
4	PREMIER	23,21	177
5	GOVERNMENT	21,34	161
6	BILL	19,86	141
7	BACKBENCHER	18,12	25

8	GOVERNMENT'S	17,78	34
9	LIBERAL	17,53	51
10	SAID	17,44	111
11	REPEAL	17,33	21

keyword: <i>palliative</i>			
N	Word	MI3	Freq.
1	CARE	30,02	1 723
phrase: <i>palliative care</i>			
N	Word	MI3	Freq.
1	SERVICES	19,92	78
2	<i>THAT</i>	<i>19,56</i>	<i>243</i>
3	FUNDING	18,66	51
4	SPECIALIST	18,47	40
5	GOOD	18,39	75
6	QUALITY	18,04	50
7	ACCESS	17,94	58
8	BEST	17,50	52
9	<i>WITH</i>	<i>17,38</i>	<i>127</i>
10	BETTER	17,12	46
11	SPECIALISTS	16,98	22
12	PAIN	16,73	62

keyword: <i>suffering</i>			
N	Word	MI3	Freq.
1	SUFFERING	29,41	1 296
2	PAIN	22,52	244
3	UNBEARABLE	22,11	114
4	RELIEVE	21,69	102
5	TERMINAL	21,04	145
6	INTOLERABLE	20,75	78
7	<i>THEIR</i>	<i>20,68</i>	<i>247</i>
8	<i>FROM</i>	<i>20,64</i>	<i>218</i>
9	INCURABLE	20,27	77
10	ILLNESS	20,08	114
11	PEOPLE	20,03	205
12	EXPERIENCING	19,84	55
13	RELIEVED	19,49	48

keyword: <i>pain</i>			
N	Word	MI3	Freq.
1	PAIN	30,53	1 449
2	RELIEF	22,22	119
3	SUFFERING	20,38	149
4	PHYSICAL	19,64	59
5	SEVERE	19,62	50
6	EXCRUCIATING	19,16	33
7	MANAGEMENT	18,60	33
8	UNBEARABLE	18,53	46
9	<i>THAT</i>	<i>17,97</i>	<i>161</i>
10	<i>WITH</i>	<i>17,81</i>	<i>134</i>
11	CONSTANT	17,77	26
12	FREE	17,29	42
13	DISCOMFORT	17,11	18

keyword: <i>suffer</i>			
N	Word	MI3	Freq.
1	SUFFER	28,33	316
2	WATCHED	18,07	21
3	WATCHING	17,97	22
4	NEEDLESSLY	17,40	9
5	PAIN	15,90	29
6	LOVED	15,43	18
7	PEOPLE	14,98	35
8	<i>THEIR</i>	<i>14,69</i>	<i>34</i>
9	PAINFUL	14,64	11
10	<i>HAVE</i>	<i>14,46</i>	<i>34</i>
11	ONES	14,29	12
12	CONTINUE	14,16	11
13	<i>THEY</i>	<i>13,90</i>	<i>27</i>
14	FAMILY	13,57	15

keyword: <i>dying</i>			
N	Word	MI3	Freq.
1	DYING	31,98	3 953
2	ASSISTED	29,79	2 311
3	VOLUNTARY	25,18	760
4	DIGNITY	24,64	477

5	<i>WITH</i>	23,40	684
6	BILL	22,95	454
7	LAWS	21,20	256
8	LEGISLATION	20,06	199
9	<i>THAT</i>	19,42	315
10	SUPPORT	18,81	146
11	<i>ABOUT</i>	18,56	167
12	<i>VICTORIA</i>	18,21	100
13	LEGALISE	18,20	81
14	PEOPLE	18,15	172
15	<i>WILL</i>	17,97	161
16	<i>VICTORIA'S</i>	17,96	66
17	PROPOSED	17,91	79
cluster: <i>dying with dignity</i>			
N	Word	MI3	Freq.
1	LEGISLATION	14,39	20
2	EUPHEMISM	13,91	4
3	BILL	13,71	20
4	PROPOSED	12,78	9
5	TERM	12,35	6
6	DRAFT	12,19	5
7	<i>ABOUT</i>	12,11	14
8	EUTHANASIA	11,93	18
9	SPONSORED	11,71	4
10	ASSISTED	11,64	13
11	<i>THAT</i>	11,54	19
12	LAWS	11,44	10

keyword: <i>death</i>			
N	Word	MI3	Freq.
1	DEATH	31,76	3 383
2	ASSISTED	21,44	318
3	PEACEFUL	20,40	104
4	DIGNIFIED	20,24	89
5	HASTEN	20,07	66
6	LIFE	19,78	226
7	<i>WITH</i>	19,62	270
8	CAUSE	19,61	81
9	<i>ABOUT</i>	19,61	201
10	<i>THAT</i>	19,52	305

11	<i>THEIR</i>	<i>19,14</i>	<i>212</i>
12	GOOD	19,06	111
13	DIGNITY	18,97	122
14	PAINFUL	18,72	63
15	HASTENING	18,32	35

keyword: <i>die</i>			
N	Word	MI3	Freq.
1	RIGHT	24,06	413
2	DIGNITY	21,10	171
3	HELP	20,51	133
4	<i>THEY</i>	<i>20,35</i>	<i>229</i>
5	<i>WITH</i>	<i>20,33</i>	<i>273</i>
6	PEOPLE	19,76	202
7	WANT	19,01	111
8	<i>WHEN</i>	<i>18,69</i>	<i>130</i>
9	CHOOSE	18,52	73
10	ASSISTANCE	18,52	60
11	PEACEFULLY	18,35	42
12	WATCHING	18,26	45
13	WISH	17,63	52
cluster: <i>right to die</i>			
N	Word	MI3	Freq.
1	<i>WITH</i>	<i>16,44</i>	<i>60</i>
2	DIGNITY	15,09	47
3	LAWS	13,74	21
4	TERMINALLY	13,63	17
5	IDEALLY	13,61	3
6	IRISH	13,25	3
7	HAVE	13,16	26
8	LEGISLATION	12,99	18
9	<i>SHOULD</i>	<i>12,98</i>	<i>18</i>
10	CAMPAIGNER	12,46	7
11	GROUP	12,25	9
12	PODCAST	12,10	3

keyword: <i>killing</i>			
N	Word	MI3	Freq.
1	KILLING	28,47	347
2	MERCY	22,10	52
3	SANCTIONED	18,68	23
4	STATE	15,79	31
5	<i>THEMSELVES</i>	<i>15,72</i>	<i>19</i>
6	PATIENT	14,89	21
7	LEGALISE	14,42	15
8	EUTHANASIA	14,29	37
9	SUICIDE	13,92	22
10	PATIENTS	13,91	19
11	<i>SOMEONE</i>	<i>13,76</i>	<i>13</i>
12	<i>THAT</i>	<i>13,66</i>	<i>37</i>
13	<i>ABOUT</i>	<i>13,50</i>	<i>23</i>
14	LEGALISING	13,44	10
15	HOMICIDE	13,36	5

keyword: <i>rational</i>			
N	Word	MI3	Freq.
1	RATIONAL	27,73	208
2	SUICIDE	20,66	88
3	DECISION	16,88	27
4	ADULTS	14,17	8
5	<i>THAT</i>	<i>14,16</i>	<i>35</i>
6	MAKE	14,08	16
7	DEBATE	13,74	16
8	CASE	13,62	11
9	MAKING	13,05	9
10	<i>ABOUT</i>	<i>12,67</i>	<i>16</i>
11	BASED	12,21	7
12	<i>SHOULD</i>	<i>11,90</i>	<i>12</i>
13	THOUGHT	11,84	6
14	INFORMED	11,76	5

keyword: <i>choose</i>			
N	Word	MI3	Freq.
1	CHOOSE	29,09	534
2	RIGHT	22,33	175

3	<i>THEY</i>	<i>18,53</i>	<i>95</i>
4	TIMING	18,07	20
5	DEATH	17,79	72
6	<i>WHEN</i>	<i>17,54</i>	<i>63</i>
7	<i>THEIR</i>	<i>17,52</i>	<i>79</i>
8	PEOPLE	16,71	63
9	HAVE	16,10	60
10	<i>SHOULD</i>	<i>16,07</i>	<i>43</i>
11	ABLE	15,81	26
12	MANNER	15,67	15
13	LIFE	14,95	40
14	TERMINALLY	14,62	25
15	LIVES	14,43	22
cluster: <i>right to choose</i>			
N	Word	MI3	Freq.
1	HAVE	16,11	41

keyword: <i>choice</i>			
N	Word	MI3	Freq.
1	CHOICE	30,02	1 016
2	<i>THAT</i>	<i>18,59</i>	<i>165</i>
3	HAVE	18,58	132
4	<i>ABOUT</i>	<i>18,40</i>	<i>102</i>
5	LIFE	17,72	94
6	FREEDOM	17,50	34
7	<i>THEIR</i>	<i>17,40</i>	<i>95</i>
8	DYING	17,40	86
9	MAKE	17,37	58
10	PEOPLE	16,70	78
11	WANT	16,44	48
12	GIVE	16,40	36
13	<i>SHOULD</i>	<i>16,29</i>	<i>56</i>
14	EUTHANASIA	16,19	82
15	SUPPORTING	16,16	23

keyword: <i>option</i>			
N	Word	MI3	Freq.
1	OPTION	28,79	433

2	EUTHANASIA	16,05	60
3	<i>THAT</i>	<i>16,03</i>	<i>69</i>
4	HAVE	15,93	54
5	ASSISTED	15,92	45
6	<i>SHOULD</i>	<i>15,82</i>	<i>38</i>
7	RESORT	15,11	9
8	DYING	14,72	35
9	TAKE	14,46	20
10	PEOPLE	14,32	34
11	CHOOSE	14,23	16
12	DEATH	13,99	28
13	<i>WOULD</i>	<i>13,90</i>	<i>30</i>
14	ONLY	13,82	20

keyword: <i>slippery</i>			
N	Word	MI3	Freq.
1	SLIPPERY	27,51	179
2	SLOPE	27,14	159
3	SLOPES	17,51	6
4	ARGUMENT	17,36	19
5	CORROSION	15,73	3
6	PERILOUS	15,00	3
7	EUTHANASIA	14,49	31
8	LEAD	14,17	9
9	<i>THAT</i>	<i>13,71</i>	<i>30</i>
10	ARGUMENTS	13,62	7
11	INEVITABLE	13,56	6
12	EVIDENCE	13,53	9

keyword: <i>burden</i>			
N	Word	MI3	Freq.
1	BURDEN	27,62	192
2	FEEL	19,59	38
3	FAMILY	18,24	38
4	<i>THEY</i>	<i>17,12</i>	<i>49</i>
5	CAREGIVERS	17,03	6
6	FAMILIES	16,92	19
7	<i>THEIR</i>	<i>16,45</i>	<i>44</i>
8	BEING	16,05	25

9	BECOME	15,29	15
10	SOCIETY	14,72	14
11	FEELING	14,42	7
12	FRIENDS	14,29	10
13	<i>LIKE</i>	<i>14,00</i>	<i>15</i>
14	CARERS	13,81	6

keyword: <i>Catholic</i>			
N	Word	MI3	Freq.
1	CATHOLIC	28,44	339
2	CHURCH	22,35	80
3	ARCHBISHOP	20,25	35
4	ARCHDIOCESE	18,42	12
5	PRIEST	17,65	11
6	BISHOPS	17,56	13
7	<i>DENIS</i>	<i>16,53</i>	<i>9</i>
8	EPISCOPAL	16,31	5
9	VICAR	16,05	5
10	<i>HART</i>	<i>15,76</i>	<i>8</i>
11	DEVOUT	15,67	4
12	PROVIDERS	15,46	8
13	<i>GOULBURN</i>	<i>15,31</i>	<i>5</i>
14	CHURCH'S	14,84	6

keyword: <i>religious</i>			
N	Word	MI3	Freq.
1	RELIGIOUS	25,79	237
2	GROUPS	17,72	28
3	BELIEF	17,22	21
4	BELIEFS	17,05	22
5	ORGANISATIONS	16,62	16
6	OBJECTIONS	16,46	10
7	CONVICTIONS	16,19	9
8	FAITH	16,12	17
9	GROUNDS	15,60	11
10	INSTITUTIONS	15,49	10
11	CONVICTION	14,74	7

Appendix 3. The collocate list for *politicians* (function words in italics)

N	Word	MI3	Freq.
1	POLITICIANS	27,39	395
2	FEDERAL	15,70	28
3	<i>HAVE</i>	<i>15,65</i>	<i>57</i>
4	<i>THAT</i>	<i>15,12</i>	<i>63</i>
5	VOTE	15,06	33
6	TIMID	14,56	5
7	EUTHANASIA	14,48	55
8	URGED	14,40	11
9	<i>MANY</i>	<i>14,16</i>	<i>25</i>
10	ETHICISTS	14,14	5
11	<i>THEIR</i>	<i>13,90</i>	<i>36</i>
12	<i>WITH</i>	<i>13,68</i>	<i>39</i>
13	CONSCIENCE	13,58	18
14	LISTEN	13,49	8
15	URGING	13,48	7
16	LAWYERS	13,35	7
17	SUPPORT	13,29	27
18	<i>SOME</i>	<i>13,27</i>	<i>21</i>
19	REPRESENT	13,24	9
20	<i>THIS</i>	<i>13,17</i>	<i>30</i>
21	WANT	13,13	21
22	LOBBYING	12,83	7
23	<i>FROM</i>	<i>12,83</i>	<i>25</i>
24	<i>WILL</i>	<i>12,58</i>	<i>25</i>
25	DOCTORS	12,58	18
26	<i>MOST</i>	<i>12,47</i>	<i>16</i>
27	TIME	12,47	19
28	<i>BEEN</i>	<i>12,45</i>	<i>20</i>
29	STATE	12,35	18
30	COWARDLY	12,35	3
31	<i>NEED</i>	<i>12,27</i>	<i>14</i>
32	<i>THEY</i>	<i>12,16</i>	<i>23</i>
33	<i>SHOULD</i>	<i>12,08</i>	<i>18</i>
34	GUTS	12,06	3
35	CLERGY	12,06	3

Appendix 4. The collocate list for *Territorians* (function words and proper names in italics)

N	Word	MI3	Freq.
1	TERRITORIANS	27,05	130
2	RIGHTS	17,17	23
3	CLASS	16,13	9
4	SECOND	14,42	9
5	CITIZENS	14,28	7
6	RIGHT	14,02	16
7	<i>WHETHER</i>	<i>13,38</i>	9
8	SAME	13,30	10
9	DECIDE	12,77	6
10	<i>WILL</i>	<i>12,64</i>	15
11	DESERVE	12,57	4
12	<i>GUNNER</i>	<i>12,39</i>	3
13	TREATING	12,23	3
14	HAVE	12,14	15
15	STATEHOOD	12,09	4
16	LEGISLATE	11,91	4
17	<i>THEIR</i>	<i>11,76</i>	14
18	<i>THAT</i>	<i>11,72</i>	17
19	GIVE	11,61	6
20	ELECTED	11,57	3
21	<i>ABOUT</i>	<i>11,32</i>	8
22	DENIED	10,94	3
23	<i>SHOULD</i>	<i>10,83</i>	8
24	BACK	10,75	5
25	SAID	10,12	9
26	<i>SIMPLY</i>	<i>9,82</i>	3
27	MAKE	9,74	5
28	<i>MANY</i>	<i>9,46</i>	5
29	<i>WOULD</i>	<i>9,36</i>	7
30	MINISTER	9,33	4
31	<i>THEY</i>	<i>9,28</i>	7
32	LIVES	9,09	4

Appendix 5. The collocate list for *doctors* (function words in italics)

N	Word	MI3	Freq.
1	DOCTORS	28,67	864
2	NURSES	21,30	93

3	PATIENTS	19,79	125
4	<i>THAT</i>	<i>19,54</i>	<i>243</i>
5	<i>HAVE</i>	<i>17,89</i>	<i>133</i>
6	INVOLVED	17,86	46
7	KILL	17,08	40
8	<i>WOULD</i>	<i>16,95</i>	<i>93</i>
9	<i>WITH</i>	<i>16,89</i>	<i>114</i>
10	<i>THEIR</i>	<i>16,76</i>	<i>91</i>
11	EUTHANASIA	16,66	108
12	<i>WILL</i>	<i>16,65</i>	<i>89</i>
13	HELP	16,62	50
14	<i>FROM</i>	<i>16,10</i>	<i>74</i>
15	PSYCHIATRIST	15,81	20
16	ETHICISTS	15,72	10
17	<i>SHOULD</i>	<i>15,71</i>	<i>58</i>
18	<i>WERE</i>	<i>15,67</i>	<i>55</i>
19	ADMINISTER	15,56	20
20	BEND	15,54	11
21	PRESCRIBE	15,53	14
22	CARE	15,45	58
23	OTHER	15,37	45
24	<i>THEY</i>	<i>15,24</i>	<i>65</i>
25	<i>SOME</i>	<i>15,14</i>	<i>45</i>
26	SAID	14,91	64
27	GIVE	14,88	30
28	LEGAL	14,82	33
29	<i>MANY</i>	<i>14,77</i>	<i>40</i>
30	RULES	14,74	16
31	ASSIST	14,67	18
32	SPECIALIST	14,49	16
33	CODE	14,42	13
34	ASSESSED	14,39	13
35	MAKE	14,34	34
36	LAWYERS	14,26	10
37	PHARMACISTS	14,25	7
38	DYING	14,24	48
39	<i>ABOUT</i>	<i>14,23</i>	<i>45</i>
40	PREPARED	14,19	16
41	ALLOW	14,15	26
42	<i>THERE</i>	<i>14,12</i>	<i>39</i>
43	ASSISTED	14,08	46
44	PALLIATIVE	14,04	36

45	SIGN	13,96	13
46	PEOPLE	13,88	48
47	SURVEYED	13,72	9
48	LIFE	13,71	44
49	<i>NEED</i>	<i>13,69</i>	<i>27</i>
50	<i>INCLUDING</i>	<i>13,63</i>	<i>23</i>
51	<i>MOST</i>	<i>13,62</i>	<i>29</i>
52	APPROVED	13,54	11
53	ASSESSMENT	13,51	11
54	GAGGED	13,34	4
55	FAMILIES	13,33	17
56	<i>WHAT</i>	<i>13,30</i>	<i>32</i>
57	APPROVAL	13,24	10
58	<i>WHEN</i>	<i>13,22</i>	<i>34</i>
59	<i>THEMSELVES</i>	<i>13,22</i>	<i>18</i>
60	<i>THEM</i>	<i>13,16</i>	<i>27</i>
61	TERMINALLY	13,14	26
62	<i>MORE</i>	<i>13,13</i>	<i>31</i>
63	CONVENOR	13,13	5
64	CHOICE	13,12	24
65	<i>ONLY</i>	<i>13,02</i>	<i>26</i>
66	<i>EVEN</i>	<i>13,01</i>	<i>23</i>
67	<i>MUST</i>	<i>12,93</i>	<i>21</i>
68	<i>COULD</i>	<i>12,91</i>	<i>26</i>
69	DEATH	12,90	34
70	ASSOCIATION	12,89	14
71	OBJECT	12,81	8
72	<i>LEAST</i>	<i>12,78</i>	<i>15</i>
73	DISCRETION	12,75	4
74	TOLD	12,69	20
75	WILLING	12,69	7
76	<i>THREE</i>	<i>12,66</i>	<i>18</i>
77	AUSTRALIAN	12,66	23
78	ABLE	12,57	18
79	REFUSE	12,55	10

Appendix 6. The collocate list for *Nitschke* (function words and proper names in italics)

N	Word	MI3	Freq.
1	NITSCHKE	30,39	1313
2	<i>PHILIP</i>	26,37	355
3	CAMPAIGNER	22,12	103
4	SAID	20,97	271
5	EUTHANASIA	20,54	244
6	ADVOCATE	20,51	77
7	<i>EXIT</i>	18,15	53
8	<i>INTERNATIONAL</i>	16,48	32
9	SAYS	16,39	56
10	<i>THAT</i>	16,30	106
11	SUSPENDED	16,09	19
12	SUSPENSION	16,07	18
13	<i>FROM</i>	15,82	64
14	BOARD	15,77	28
15	FOUNDER	15,72	14
16	DIRECTOR	15,51	23
17	TOLD	15,34	35
18	CONTROVERSIAL	15,14	16
19	<i>BRAYLEY</i>	14,97	13
20	<i>WILL</i>	14,92	55
21	DOCTOR	14,88	33
22	SUSPEND	14,69	15
23	<i>WITH</i>	14,32	58
24	DEATH	14,16	42
25	PRACTISING	14,10	10
26	<i>BEEN</i>	13,92	36
27	ACTIVIST	13,74	9
28	MEDICAL	13,65	27
29	<i>ABOUT</i>	13,52	36
30	BELIEVES	13,46	15
31	VOLUNTARY	13,34	35
32	<i>HIMSELF</i>	13,20	10
33	SLAMS	13,10	4
34	<i>AFTER</i>	13,10	26
35	PICTURED	13,08	8
36	APPEAL	13,03	10
37	BANNED	12,99	8

38	ARGUED	12,93	10
39	COMPLAINTS	12,90	7
40	SUICIDE	12,89	30
41	<i>THIS</i>	<i>12,89</i>	<i>36</i>
42	<i>LONDON</i>	<i>12,86</i>	<i>7</i>
43	ORGANISATION	12,79	11
44	INVESTIGATING	12,62	9
45	GURU	12,52	4
46	WOMEN	12,48	11
47	RULING	12,47	7
48	POWERS	12,46	8
49	PESSIMISTIC	12,44	3
50	POLICE	12,42	15
51	NITROGEN	12,38	7
52	FIGHT	12,38	10
53	FACILITATING	12,37	4
54	QUESTIONED	12,36	7
55	<i>PHILLIP</i>	<i>12,33</i>	<i>6</i>
56	<i>AUSTRALIA</i>	<i>12,33</i>	<i>18</i>
57	WORKSHOP	12,30	7
58	SUSPENDING	12,23	4
59	<i>HAVE</i>	<i>12,21</i>	<i>33</i>
60	<i>OVER</i>	<i>12,21</i>	<i>19</i>
61	<i>DARWIN</i>	<i>12,19</i>	<i>9</i>
62	VOWED	12,16	6
63	APPEALING	12,10	4
64	PORTRAIT	12,10	4
65	AGREED	12,08	9
66	ADVOCACY	12,00	8
67	APPEALED	11,99	4
68	FIGHTING	11,96	6
69	AUSTRALIAN	11,95	18
70	PLANS	11,88	10